

A central graphic features two hands, one wearing a blue medical glove and the other a white medical glove, reaching towards each other from opposite sides. Between the hands is a bright, circular glow composed of several white, radiating lines. The background is a light gray.

2025 Legislative Report



OUR PURPOSE

The Arizona Hospital and Healthcare Association:
Bringing together diverse voices to advance health
and healthcare in Arizona.

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Session by the numbers

1724

Bills introduced

439

Bills passed

265

Bills signed

174

Bills vetoed

188
Bills tracked by AzHHA

166 DAYS OF SESSION

January 13

» 57th State Legislature, First Regular Session convenes

» Governor Katie Hobbs delivers State of the State Address

February 21

Last day bills were heard in their chamber of origin

March 28

Last day bills were heard in committee in the opposite chamber

April 22

100th day of session

June 26

» State budget passed
» Adjournment *sine die*

September 26

General effective date

Executive summary

The First Regular Session of Arizona's 57th Legislature delivered breakthrough wins for our hospitals, reinforcing critical healthcare funding and fundamentally strengthening care across the state. These legislative victories are a direct result of AzHHA members' bold advocacy and steadfast partnership. Together, we did not just participate in the process—we led it, shaping outcomes that will elevate access, quality and sustainability in Arizona healthcare.

Why it matters: Our collective advocacy efforts delivered key legislative victories this session.

- These include streamlining the provider credentialing process ([HB1291](#)), limiting the misuse of artificial intelligence (AI) in denying medically necessary care ([HB2175](#)) and expanding licensure pathways for medical professionals ([HB2173](#)).
- We also advanced patient-centered policy with the creation of an advisory committee on maternal health ([HB2332](#)) and improved regulatory oversight through new training requirements for state surveyors ([HB1219](#)).

The enacted budget reflects our persistent work to protect rural and underserved communities.

- We secured a continuation of the \$4.3 million General Fund increase for the Critical Access Hospital Supplemental Pool and safeguarded the Hospital Assessment Fund from future diversions after FY26.
- Additionally, \$100,000 was designated for maternal health initiatives.

As we reflect on this progress, we know our work is far from finished. AzHHA remains focused on addressing the systemic challenges facing our healthcare system, and we thank you for your continued partnership in advancing health and healthcare in Arizona.

Thank you for your membership, participation and engagement!

Ann-Marie Alameddin
President and CEO





AzHHA Board of Directors

Officers



Robert J. Trenschel, D.O., MPH
Board Chair

President and CEO
Onvida Health



Mimi Coomler
Board Chair-Elect

CEO
Tucson Medical Center



Roland Knox
Board Secretary/Treasurer

CEO
Mt. Graham Regional
Medical Center



Ann-Marie Alameddin
Board President

President and CEO
AzHHA



Neal Jensen
Immediate Past Chair

CEO
Cobre Valley Regional
Medical Center



Brian Sinotte
Board Director

Market CEO
Northwest Healthcare



Bruce Waldo
Board Director

Regional Vice President-Operations
Signature Healthcare Services,
Aurora Behavioral Health System



Chris Ruble
Board Director

CEO
Quail Run Behavioral Health



Dawn Tschabrun
Board Director

Market CEO
Select Specialty Hospital—
Tucson East



Erica Brown
Board Director

Executive Director
Creighton University Arizona
Health Education Alliance



Jackie Lundblad
Board Director

President and CEO
Wickenburg Community
Hospital



Jeff Christensen
Board Director

Tucson Area CEO
Encompass Health Rehabilitation
Institute of Tucson



Krystal Burge
Board Director

Chair of the Board
Kingman Regional
Medical Center



Richard Gray, M.D.
Board Director

CEO
Mayo Clinic



Rhonda Anderson, R.N.
Board Director



Steve Purves, FACHE
Board Director

President and CEO
Valleywise Health



Vicki Began, R.N., M.N.
Board Director

CEO
San Carlos Apache
Healthcare Corporation

Hospital and Healthcare MEMBERS

Hospital

Acute Care

Community Health Systems (CHS)
» Northwest Medical Center
» Northwest Medical Center Houghton
» Northwest Medical Center Sahuarita
» Oro Valley Hospital
» Western Arizona Regional Medical Center

Kingman Regional Medical Center

Lifepoint Health

» Canyon Vista Medical Center
» Havasu Regional Medical Center
» Valley View Medical Center

Mayo Clinic Hospital

Onvida Health

Summit Healthcare

TMC Health

» TMC Rincon
» Tucson Medical Center

Valleywise Health

» Quail Run Behavioral Health
» Valley Hospital
» Via Linda Behavioral Hospital

» Encompass Health Rehabilitation Hospital
of Scottsdale
» Encompass Health Rehabilitation Hospital
of Northwest Tucson
» Encompass Health Rehabilitation Institute
of Tucson

» Encompass Health Valley of the
Sun Rehabilitation Hospital
» Yuma Rehabilitation Hospital

Ernest Health
» Mountain Valley Regional Rehabilitation
Hospital
» Rehabilitation Hospital of Northern Arizona

Lifepoint Health
» Dignity Health East Valley Rehabilitation
Hospital – Chandler
» Dignity Health East Valley Rehabilitation
Hospital – Gilbert

Select Medical Corporation
» HonorHealth Rehabilitation Hospital
» Select Specialty Hospital – Phoenix
» Select Specialty Hospital – Phoenix Downtown
» Select Specialty Hospital – Tucson East
» Select Specialty Hospital – Tucson Northwest
Vista Specialty Hospital of Tucson, LLC

Critical Access

Cobre Valley Regional Medical Center
Copper Queen Community Hospital
La Paz Regional Hospital

Little Colorado Medical Center

Mt. Graham Regional Medical Center

TMC Health

» Benson Hospital
» Northern Cochise Community Hospital

White Mountain Regional Medical Center

Wickenburg Community Hospital

Federal

Chinle Comprehensive Health Care Facility

Gila River Health Care

» Hu Hu Kam Memorial Hospital

Hopi Health Care Center

Kayenta Service Unit

» Kayenta Alternative Rural Hospital

Phoenix Area Indian Health Services

» Phoenix Indian Medical Center

Sage Memorial Hospital – Navajo Health
Foundation

San Carlos Apache Healthcare Corporation

Tsehootsooi Medical Center (Ft. Defiance)

Tuba City Regional Healthcare Corporation

VA Medical Center

» Northern Arizona VA Health Care System

» Phoenix VA Health Care System

» Southern Arizona VA Health Care System

Winslow Indian Health Care Center

» Dilkon Medical Center

Behavioral Health

Acadia Healthcare

» Agave Ridge Behavioral Hospital
» Oasis Behavioral Health Hospital
» Sierra Tucson
» Sonora Behavioral Health Hospital

Aurora Behavioral Health

» Aurora Behavioral Health System
– Glendale Campus
» Aurora Behavioral Health System
– Tempe Campus

Avenir Behavioral Health Center at Surprise

College Medical Center Phoenix

Haven Behavioral Hospital of Phoenix

Lifepoint Health

» Copper Springs East
» Copper Springs Hospital
» El Dorado Springs Behavioral Health

Phoenix Medical Psychiatric Hospital

Polara Health

The Guidance Center

Universal Health Services, Inc.

» Palo Verde Behavioral Health

ClearSky Rehabilitation Hospital of Avondale

Encompass Health Corporation

» Encompass Health Rehabilitation Hospital
of the East Valley

Arizona Center for Rural Health,
University of Arizona

Calvary Healing Center (UHS)

Community Bridges

Donor Network of Arizona

Fountain Hills ER and Medical Center

Hospice of the Valley

Jacob's Hope

Legacy Foundation of Southeast Arizona

PHI Air Medical, LLC

Ryan House

The Neighborhood Christian Clinic

Healthcare

Post-Acute Care

ClearSky Rehabilitation Hospital of Avondale

Encompass Health Corporation

» Encompass Health Rehabilitation Hospital
of the East Valley



AzHHA policy framework

AzHHA's policy objectives guide our work in representing Arizona hospitals and health systems at the Capitol. Each year, AzHHA establishes a policy framework based on **five key objectives**:

Financial security and access to care



Advance fiscal and budgetary policies that provide financial stability for the most vulnerable hospitals and healthcare systems and that facilitate the ability of AzHHA members to transition to the future and positively redesign healthcare.

1

Better care



Advance patient-centered policies that result in improved quality of care and patient satisfaction.

2

Better health



Advance policies that will effectively improve the health of populations.

3

Improved value



Advance sensible policies that reward value and create a more efficient healthcare system.

4

Innovation and transformative healthcare



Advance policies that will support AzHHA member hospitals and health systems to thrive in emerging healthcare markets and successfully respond to transformative and disruptive healthcare technologies.

5

Introduction

Arizona politics is known for its liveliness, and the 57th State Legislature – First Regular Session was a prime example of that energy. Following the 2024 elections, a fresh wave of legislators entered both chambers, infusing the political landscape with new ideas, perspectives and dynamics. To the surprise of some, rather than a diminished Republican majority, the GOP saw modest gains in both the House and Senate, creating an interesting atmosphere for the session ahead.

From the very beginning, this transformation ushered in a diverse mix of personalities, each bringing their unique priorities and approaches to the legislative table. With over 30% of the House and more than 20% of the Senate experiencing turnover—a common pattern after election cycles—AzHHA was strategically positioned to navigate these changes.

Our advocacy efforts were proactive, kicking off long before the official session began on Jan. 13, 2025. We engaged in thoughtful pre-session discussions with health plans, aiming to land our accountability legislation on the Governor's desk, and worked collaboratively with stakeholders from the Professional Fire Fighters of Arizona, local fire districts, the Arizona Ambulance Association, the Fire Chief's Association and smaller private ambulance companies on interfacility transportation, both of which were designated as policy priorities for the year.

As the session progressed, a steady stream of bills inundated us daily, prompting the AzHHA team to sharply increase its tracking efforts. We focused our attention on 11 key pieces of legislation while keeping a close eye on over 185 bills—a 30% increase from the previous year.

Each of these bills held the potential to significantly impact Arizona hospitals, demonstrating an elevated focus from state lawmakers on healthcare issues. This highlights the vital role AzHHA plays at the Capitol, as we strive to represent a wide spectrum of hospitals across Arizona, including:

- ▶ Acute care hospitals, providing short-term patient care for severe injuries or illnesses.
- ▶ Behavioral health hospitals, dedicated to mental health services.
- ▶ Critical access hospitals, ensuring healthcare access in rural areas.
- ▶ Federal hospitals, including Veterans Affairs and Indian Health Services serving specialized medical needs of specific communities.
- ▶ Post-acute care hospitals, focusing on complex medical management or intensive rehabilitation therapies.
- ▶ Specialty hospitals, concentrating on orthopedic care and musculoskeletal surgery.

One of the most notable outcomes of this session was that the bills AzHHA steadfastly opposed did not become law. Our team worked tirelessly to prevent or modify proposals that could have negatively impacted both hospital operations and patient care. Furthermore, Arizona hospitals achieved significant victories in the state budget, including ongoing support for rural hospitals, targeted improvements in patient care and a commitment to stop the sweeping of the assessment fund.

We hope this report provides you with insightful details and illustrates the tangible benefits of your support as a member of AzHHA. Together, we are dedicated to enhancing Arizona's healthcare landscape, consistently placing patients' needs at the forefront of our mission.



2025 priorities and accomplishments

AzHHA's strategy for the 2025 legislative session was shaped by a focused set of priorities developed through a collaborative process involving our Public Policy Committee and Board of Directors. Together, these groups helped identify and craft a policy agenda based on the urgent needs of Arizona hospitals and the communities they serve.

Our legislative priorities were not created in isolation; they reflected both the changing challenges in healthcare delivery and the real-time feedback from our member hospitals. This approach ensured that AzHHA was not only proactive in setting the agenda but also responsive to the quickly evolving political and healthcare environment.

From strengthening hospital financing and preserving rural health infrastructure to advancing critical reforms in interfacility transportation and health plan accountability, our advocacy focused on protecting patient access, enhancing care delivery and ensuring the financial sustainability of Arizona's hospital system.

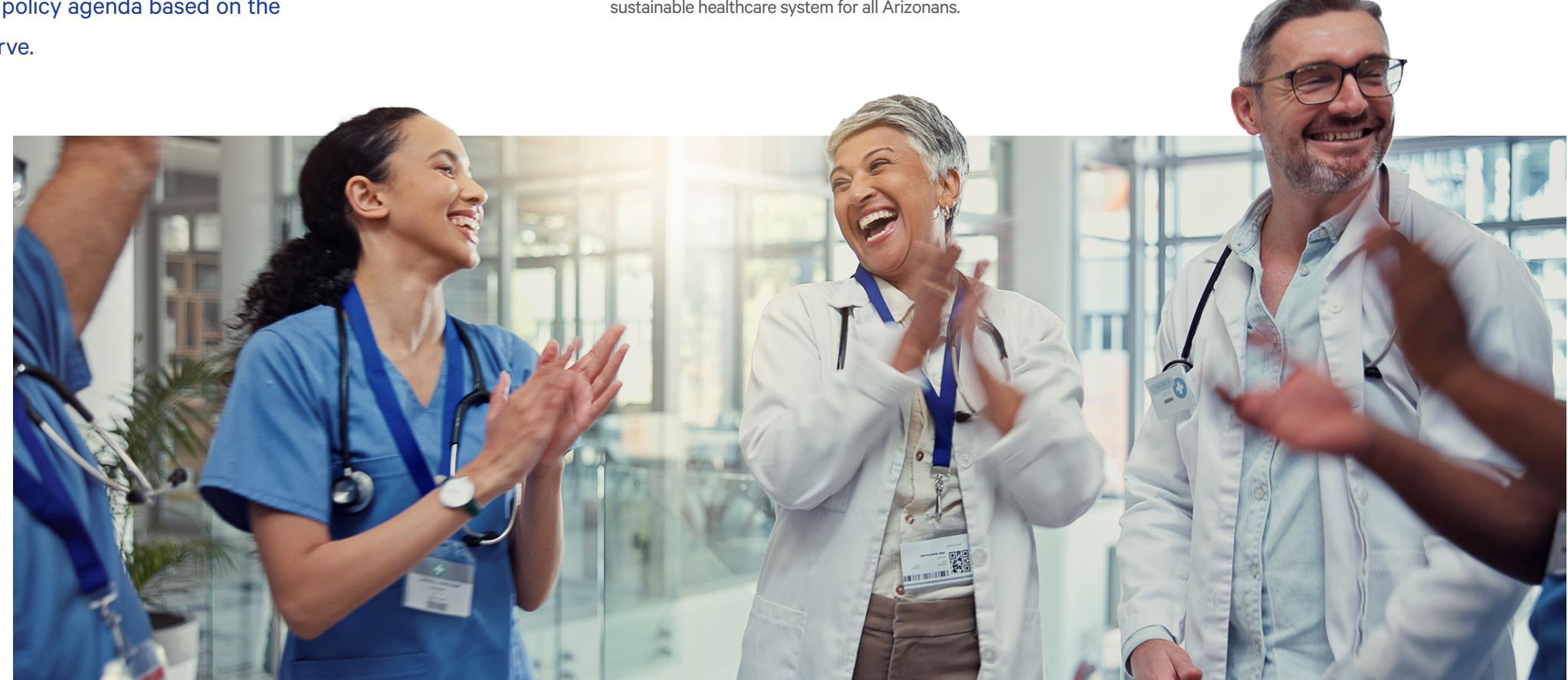
What follows is a summary of the top legislative accomplishments and priority issues AzHHA advanced throughout the session, each reflecting our commitment to strategic engagement, strong partnerships and results-driven advocacy.



Health insurance accountability

One advocacy priority remains consistent among AzHHA member hospitals: ensuring that health insurers operate fairly, transparently and are prompt in their payment practices. This is crucial for the financial stability and operational viability of all types of hospitals, including urban and rural facilities, large systems and small independents, safety-net providers and specialty institutions. Health insurers play a key role in determining how and when hospitals are compensated, what services are covered and how patients access care. When health insurers delay, deny or underpay claims, hospitals are left to navigate complex appeals processes, absorb financial losses and manage disruptions in patient care. These challenges are particularly severe for smaller and rural hospitals, but they impact the entire healthcare system, compromising access, straining resources and undermining access to care. Ensuring vital oversight and accountability of health insurers is essential for supporting a fair, efficient and sustainable healthcare system for all Arizonans.

This year, AzHHA revived its comprehensive health insurance accountability legislation from previous sessions but took a new strategic approach, dividing it into two separate bills. [HB2130](#) and [SB1291](#) became the pathway for advancing the most important parts of last year's omnibus bill [HB2035](#). This change in strategy opened up new opportunities for success and led us to a crucial decision: to focus on two key changes in health plan operations and oversight that would have the greatest impact on hospitals and other healthcare providers. As a result, we shifted our attention to the passage of [SB1291](#), health insurers; provider credentialing; claims and [HB2175](#), prior authorization; claims to create a mechanism to regulate the use of artificial intelligence in prior authorizations and claims denials based on medical necessity. Let's take a closer look at each of these.





Reducing credentialing delays:

[SB1291 health insurers; provider credentialing; claims](#)

Provider credentialing delays continue to be a significant concern for Arizona hospitals, particularly as they strive to recruit and rebuild their provider workforce. Many AzHHA members have experienced delays of over 180 days in credentialing a provider with a commercial plan, far surpassing the original 100-day timeline.

SB1291 directly addresses this issue by reducing the health insurer's credentialing timeframe to 60 calendar days and requires the applicant's information be loaded into the billing system within 30 days after the health insurer receives a complete credentialing application. It also improves transparency and efficiency by requiring commercial plans to:

- Acknowledge receipt of a provider credentialing application within seven calendar days.
- Identify any missing information at that time.
- Limit requests for additional information to no more than three, after which the application must be withdrawn.

Recognizing the significant financial burden hospitals face during delays in provider credentialing, under **SB1291**, commercial health insurers must reimburse providers for services rendered, starting from the date a complete application is submitted, through to the execution of a full contract. Hospitals and healthcare providers must choose to participate in retroactive reimbursement and follow the specific processes established by each health insurer. AzHHA is pleased to have created an opportunity for hospitals and other healthcare providers to alleviate the financial burden of onboarding new providers while waiting for the completion of credentialing.



SB1291

Thank you for your sponsorship Senator Angius

Improves provider credentialing by reducing processing time and limiting delays in application approvals.



HB2175

Your commitment is truly valued Representative Willoughby!

Decisively passed in House Commerce on Feb. 4.



HB2130

Thank you for your leadership Representative Selena Bliss

Unanimously passed in House Health and Human Services Committee on Feb. 3.

Protecting patients from algorithm-driven denials:

[HB2175 prior authorization; claims](#)

AI is rapidly transforming healthcare, offering new approaches to enhance patient outcomes and streamline operations. However, as its use increases, so do concerns, especially about how health insurers are utilizing AI in claims and prior authorization decisions.

HB2175 directly tackles these issues by prohibiting health insurers from using AI or other automation to deny claims or prior authorizations based on medical necessity. Instead, the bill requires a licensed medical director to personally review each case and base their decision on clinical judgment derived from their training and expertise before denying care.

This is a crucial safeguard to ensure that decisions impacting patient care remain in the control of qualified professionals, rather than being made by algorithms.

AzHHA will continue to prioritize AI oversight in payer practices as a core part of both proactive and defensive advocacy efforts. While AI holds great promise for enhancing healthcare, hospitals must remain engaged and vigilant to ensure technology is applied ethically and always serves the best interests of patients.

Pushing for transparency in denial practices:

[HB2130 claims; prior authorization; denials; contact](#)

The goal of HB2130 was to tackle another health insurer issue: the lack of transparency and communication between the insurer and the provider when a claim or prior authorization is denied. This year, AzHHA expanded its approach to include both denials for claims and prior authorization. HB2130 required health plans to provide an individual or department with a contact and a specific explanation for each denial.

The bill gained early support in the House, where it passed the Health and Human Services Committee unanimously with a 12-0 vote, followed by another unanimous approval on the House floor with a 60-0 vote during third reading. Unfortunately, the momentum stopped in the Senate.

Instead of being assigned to the Senate Health and Human Services Committee, where it belonged, HB2130 was redirected to the Senate Regulatory Affairs and Government Efficiency Committee. There, the committee chair declined to put the bill on the agenda and hold a hearing on it, effectively killing the bill.

The demand for transparency in denial practices affects every hospital, provider and patient, and we will not let it go unaddressed. While HB2130 did not make it to the Governor's desk this year, the battle is far from finished. We are committed to revisiting this issue next session and are already planning early discussions with stakeholders to find a way forward.



Maternal health

Arizona is facing a critical maternal health crisis that endangers the lives of mothers and infants statewide. Alarmingly, maternal mortality rates are on the rise, particularly affecting Black and Indigenous women who bear the brunt of this crisis. According to the Arizona Maternal Mortality Review Committee, a staggering 80% of maternal deaths could be prevented, often due to issues like cardiovascular conditions, hemorrhage, infection and substance misuse. In rural areas, the situation is even more dire, with over half of the counties lacking a practicing OB-GYN and many regions classified as maternity care deserts.

The challenge is compounded by untreated behavioral health issues, including perinatal mental health disorders and substance use, which exacerbate maternal care complexities. Low-income women across Arizona face significant barriers to accessing consistent, high-quality care due to gaps in insurance coverage and provider availability. While Arizona has made strides by extending postpartum Medicaid coverage to 12 months, access to midwives, doulas and healthcare providers remains limited.

To meaningfully improve maternal health outcomes in Arizona, we must implement a comprehensive statewide strategy and enhance data-sharing across healthcare systems. To develop this strategy, AzHHA collaborated with Rep. Willoughby, the Governor's office and other stakeholders to create HB2332 postpartum depression education materials, a legislative initiative aimed at closing these systemic gaps and ensuring high-quality maternal



healthcare for all women in our state. [HB2332](#) requires the Arizona Department of Health Services (ADHS) to gather educational materials on maternal mental health and postpartum depression from expert organizations.

The materials must:

- be developed by maternal health experts;
- include information on symptoms, coping strategies, treatment options and resources for postpartum depression.

If no existing materials are available, ADHS will create new resources based on guidelines, studies and expert recommendations. These materials will be shared on the ADHS website, and physical copies will be provided upon request. Additionally, the legislation mandates that healthcare institutions offer these materials to new parents upon discharge and requires healthcare providers to distribute them to any woman who learns she is pregnant or exhibits signs of a maternal mental health disorder.

Lastly, HB2332 establishes the formation of an Advisory Committee by ADHS to recommend services for maternal health in rural areas. The director will appoint members to this committee, which will include representatives from hospitals, physicians, certified nurse midwives, doulas who work in rural maternity care and one health insurance professional. The Advisory Committee will propose ways to improve access to maternal health services and postpartum depression screenings. They are required to submit a report to key government officials by Dec. 31, 2026.

Interfacility transportation: ongoing challenges and the push for reform

Delayed interfacility transportation continues to pose significant challenges for hospitals across Arizona. These delays interfere with patient care, reduce hospitals' capacity to accept new patients and increase costs. The core of the problem is a system that many view as monopolistic, driven by Arizona's outdated [Certificate of Necessity](#) (CON) process—a framework that has not undergone substantial updates since the early 1990s.

ONLY SIX STATES,
including Arizona, operate under
a specific CON or quasi-CON
framework.

Under current law, any provider wanting to operate ambulance services must obtain a CON from the Arizona Department of Health Services (ADHS). The process is costly, lengthy and heavily favors existing providers. Current CON holders can challenge new applications by claiming that additional services are unnecessary in a specific area. ADHS often favors these incumbents, making it nearly impossible for new providers to enter the market.

[HB2124](#) intended to address this issue by exempting hospitals from the CON requirement for interfacility transports. The goal was to reduce delays and improve hospitals' ability to serve patients more efficiently. While the bill passed its first committee, it ultimately failed after a hostile floor amendment was added, an amendment that would have given even more power to the largest private ambulance providers, undermining the bill's purpose.

This outcome highlights the significant political influence of the ambulance industry. A significant challenge AzHHA faced was the lack of consistent and reliable data from hospitals and transport providers. Transport data is self-reported by private providers to ADHS, and hospitals aren't required to report transport delays. This limits our understanding of the issue.

Although the bill was defeated, we made significant progress in forming a diverse coalition that includes the fire union, the ambulance association, the fire districts' association and the fire chiefs' association. All coalition members recognize the urgent need for reform, both in rural and urban areas. This coalition effort will be vital as we prepare for future actions to modernize Arizona's interfacility transport system, focusing on efficiency, fairness and patient care.

Strengthening Arizona's healthcare workforce

Healthcare workforce development remains a top priority for us. Our policy team remains focused on strategies that enhance retention, support recruitment and establish sustainable pipelines for the future.

This year, [HB2173](#), mental health inquiry; prohibition took an essential step toward removing unnecessary barriers for healthcare professionals in Arizona. The bill eliminates questions about prior mental health treatment on licensing board applications; a move aimed at reducing stigma for those entering the healthcare field and increasing access to care. Although some boards, such as the Arizona Medical Board, have already implemented this change, HB2173 ensures that all healthcare licensing boards adopt a uniform approach.

The legislation still allows questions about current treatment, but by removing outdated questions about past care, it eliminates a barrier that might have kept qualified people from pursuing healthcare careers. The bill received unanimous support in both chambers and was signed into law by the Governor.

We remain dedicated to advancing policies that strengthen Arizona's healthcare workforce. Whether by leading legislation or supporting partner efforts, we will continue to promote initiatives that improve access to care and build a strong, resilient workforce for the future.



Budget recap



Each year, the legislative session kicks off with the Governor's State of the State address, where the administration presents its policy priorities and a proposed budget. Some might view the State of the State address as a wish list; most, however, see it as a clear signal of where the Governor plans to draw the line, especially in a divided government, with a Democratic Governor and Republican majorities in both chambers.

Ideally, the Governor's roadmap would set the tone for constructing the state budget. However, in reality, that is rarely the case, and this session was no exception. Although discussions took place throughout the session, neither chamber released a draft budget until a few weeks before the statutory deadline of June 30.

Initially, the political landscape was buzzing with speculation as insiders believed that House and Senate leadership were working together in tandem with the Governor's team to craft a budget that could satisfy all parties involved. However, just two weeks before the impending deadline for budget approval, tensions escalated, and the House abruptly shifted gears.

In a surprising move, the House halted all negotiations with the Senate and the Governor, choosing instead to roll out its own budget proposal. This new budget, marked by stark contrasts to earlier discussions, was pushed through the House on a strictly party-line vote, leaving little room for compromise or input from the House Democrats, the Senate or the Governor.

In response to this unexpected development, the Senate took a calculated approach. Instead of outright rejecting

the House budget, they opted to performatively pass it as a symbolic gesture. This maneuver served a dual purpose: it allowed the Senate to demonstrate its willingness to engage with the House's proposal while simultaneously paving the way for the Governor to issue a veto. This was not merely a procedural action; it signaled a shift in the budgetary battle, indicating that the real negotiations were still very much on the table. Meanwhile, the Senate continued to work on a bipartisan budget with the Governor and some House Republicans, securing funding for essential healthcare priorities. The version of the budget that eventually passed out of the Senate managed to escape attempts by the Freedom Caucus to strip out a majority of the agreement by offering numerous amendments during lengthy floor sessions in both chambers.

Throughout this process, AzHHA's policy and advocacy team actively engaged with legislators and the Governor's team to ensure the state's fiscal year 2026-2027 budget lessened the financial burden on hospitals and secured essential funding for both urban and rural providers.

In the last few hours before the June 30 deadline, Governor Hobbs signed a final budget. It included **several key wins** for AzHHA members:



Funding the Critical Access Hospital (CAH) Supplemental Pool

The budget continues \$4.3 million of state general funds as a one-time increase to the CAH Supplemental Pool. Despite AzHHA's tireless advocacy efforts to secure permanent funding for the CAH Supplemental Pool, this line item is subject to a yearly renewal process. We will continue to educate lawmakers and the Governor's Office on the importance of permanently increasing the CAH Supplemental Pool.



Ending the hospital assessment diversion

AzHHA lobbied the Governor and the Legislature to honor their commitment to end the \$100 million diversion from the Hospital Assessment Fund after fiscal year 2025-2026.



Supporting maternal mental health

Maternal health is a policy priority for AzHHA, the Governor and Rep. Willoughby. This shared commitment to improving maternal health in our state culminated in the passage of HB2332. The budget included a one-time \$100,000 general fund appropriation for a third-party facilitator for the OBGYN Desert and Maternal Health Study Committee.

We're thankful to the Governor and the Legislature for prioritizing these vital investments in Arizona's hospital and healthcare infrastructure, and we appreciate the Governor and the Legislature for honoring their agreement to limit the diversion of \$100 million of the hospital assessment to two years. We will closely monitor future budgets to ensure that the promise is kept.



Defensive strategy

While we like to celebrate the favorable legislation that we fought hard to become law, it goes without saying that we never opt out of playing defense when it comes to the Legislature. This year was no different. The need for a defensive approach is demonstrated by the more than **185 bills we tracked** throughout the legislative session. Many we found to be innocuous, but there are always a few that need improving or that we must oppose outright.



SB1720- clozapine mandates

AzHHA opposed SB1720 and [submitted a formal letter](#) to the Senate Health and Human Services Committee due to serious concerns about its impact on patient care, hospital operations and clinical independence. Although the bill purported to improve access to clozapine for people with schizophrenia, it overlooked the complexities involved in prescribing and monitoring this high-risk medication. SB1720 would have required specific clinical practices and mandated hospitals to stock certain medications regardless of necessity, creating inefficiencies, limiting professional judgment and adding unnecessary financial and operational strain.

We were especially concerned that the bill overlooked the current shortage of psychiatrists in Arizona, which already restricts access to psychiatric care. Instead of providing flexible, evidence-based solutions, SB1720 suggested strict mandates that would have compromised clinical decision-making and diverted resources away from patient-centered innovation.

Fortunately, the bill was halted in the Senate Health and Human Services Committee by Chairwoman Werner.

SB1722- civil liability for scientific research

AzHHA opposed SB1722, which aimed to establish new civil causes of action against researchers, research institutions and funding agencies for alleged “fraudulent scientific research” or failure to disclose certain study elements, such as funding sources, conflicts of interest, raw data and methodologies. Although the bill was presented as a transparency measure, it would have introduced broad and subjective liability standards that could significantly undermine the scientific process.

The legislation would have opened the door to lawsuits over perceived issues in research interpretation or data disclosure, even when the research was conducted in good faith and followed accepted peer-reviewed protocols. This would have increased the risk of costly, unnecessary litigation against institutions involved in vital scientific and clinical research. Hospitals and healthcare systems partnering in research efforts, especially those related

to clinical trials or innovations in care, would have faced significant legal and financial risks.

SB1722 also failed to recognize how scientific knowledge develops through replication, peer review and ongoing inquiry. Requiring the public disclosure of raw data and methodologies, without clear protections or context, could discourage collaboration and innovation. The bill risked stifling medical research across Arizona and weakening healthcare organizations’ ability to pursue evidence-based advances that enhance patient care.

For these reasons, AzHHA strongly opposed SB1722. Although the bill ultimately failed in committee, we remain vigilant in our efforts to prevent future attempts to pass legislation that could compromise research integrity and hinder innovation.



SB1268-

hospital reporting of patient immigration status

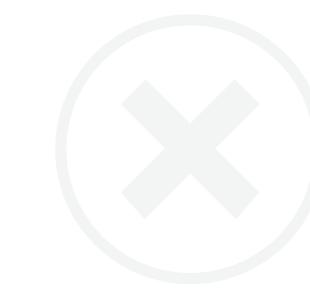
AzHHA opposed SB1268, which would have required hospitals to collect and report patients' immigration status during admission or registration. Although the bill included language stating that care would not be affected by a patient's response, it set a problematic precedent by introducing immigration status into the clinical setting and linking it to quarterly and annual reporting requirements.

Hospitals are places of care, not enforcement. This bill would have damaged the trust between patients and providers, especially in vulnerable communities, by making immigration status part of the intake process. Even with promises that information would not be reported to immigration authorities, the simple inclusion of such questions could discourage people from seeking prompt or lifesaving

medical care. It also would have created operational and ethical issues for hospital staff, leading to confusion and discomfort in an already overwhelmed system.

Furthermore, SB1268 would have added another layer of administrative burden by requiring hospitals to collect, categorize and report data beyond what is necessary for medical purposes. The bill risked politicizing patient care and creating unnecessary fear within immigrant communities, all without providing a real solution to issues like unpaid care or hospital funding.

AzHHA actively opposed this legislation and was pleased to see it fail to move forward due to Governor Hobbs' veto.



SCR1009-

supermajority requirement for revenue increases

SCR1009 revenue increases; administrative fee authorization proposed a constitutional amendment that would have required a two-thirds vote of the Legislature to pass any measure resulting in a net increase in state revenue, including new taxes, adjustments to tax credits or exemptions, new or increased fees, or shifts in how taxes are allocated between the state and local governments. If vetoed by the Governor, the resolution would have needed a three-fourths legislative vote to override it. If approved, the measure would have been put to a vote on the ballot.

AzHHA opposed SCR1009 because it would significantly limit the Legislature's ability to respond to Arizona's changing fiscal and policy needs, especially in times of crisis or economic uncertainty. By requiring a supermajority for nearly any action that could raise revenue, this proposal would have made it significantly harder to fund essential services, such as healthcare, education and public safety, even when there was broad agreement that action was necessary.

This measure also risked undermining long-term investments in Arizona's healthcare system. From provider assessments to public health funding streams, even minor adjustments could be caught up in the supermajority requirement, delaying or derailing critical updates. In practice, SCR1009 would have prioritized political gridlock over good governance, making it harder to build and sustain the infrastructure that communities rely on.

AzHHA continues to support a state fiscal structure that balances accountability with flexibility, one that allows lawmakers to meet the moment and support the health and well-being of Arizonans. SCR1009 would have done the opposite.

Unfortunately, this fight is not over, as the bill sponsor has already stated they intend to bring this back next year.

SB2132-

mandate on circulator nurses in operating rooms

Initially, SB2132 appears to be a straightforward patient safety law. However, for hospitals already facing severe workforce shortages and complex staffing needs, the bill posed a significant operational challenge. It would have required a registered nurse to be physically present as the circulator in every operating room for the entire duration of each surgical procedure, no matter the setting, patient complexity or available resources.

AzHHA opposed this approach because it limited necessary flexibility for hospitals and outpatient surgical centers. Arizona's nurse shortage, especially in rural areas, makes it difficult—if not impossible—for many facilities to follow a blanket mandate like this. In practice, SB2132 could have led to surgical delays, canceled procedures and increased pressure on an already overstretched workforce, all without

clear evidence that such a requirement would improve outcomes beyond current standards of care.

Hospitals are already subject to strict federal and state oversight regarding surgical staffing and patient safety. Many healthcare facilities follow best practices and accreditation standards that encourage safe, team-based surgical care, including the use of circulator nurses when clinically appropriate. Imposing a mandatory staffing structure for every surgical case, regardless of actual risk or environment, hampers clinical teams' ability to use good judgment and adapt to real-world situations.

AzHHA remains committed to advocating for policies that ensure high-quality care and workforce sustainability. SB2132 failed in both areas.



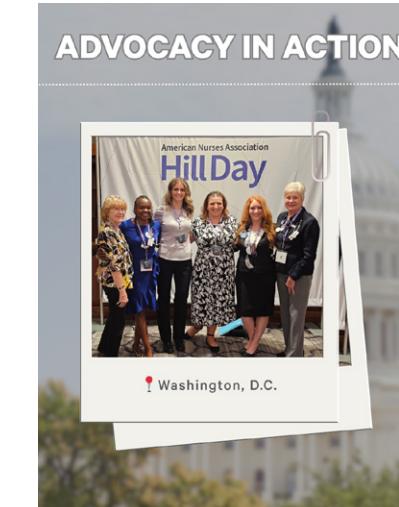


Federal advocacy:

Protecting access to care, preserving Medicaid

In 2025, AzHHA amplified its federal advocacy to safeguard Arizona's healthcare system amid sweeping proposals to cut Medicaid. As Congress advanced reconciliation bills threatening deep reductions, including caps on federal funding, limits on provider payments and changes to enrollment, AzHHA mobilized swiftly to protect hospitals and the communities they serve. Members were armed with toolkits, district-specific impact letters and hospital-level data to support grassroots advocacy efforts.

AzHHA and executives from member hospitals met with members of the Arizona Congressional delegation in May to highlight the importance of protecting Medicaid supplemental payments and Medicaid coverage for Arizonans. Thank you to executives from Mt. Graham Regional Medical Center, Onvida Health, TMC Health and Valleywise Health for dedicating the time to build relationships with our congressional leaders.



Your voice matters in Washington.

Look for your member invitation to join us on Capitol Hill in the spring of 2026. Having your presence and engagement helps remind our Congressional delegation that they are there to represent the needs of Arizona, not just in name, but in action. By showing up and speaking out, you help ensure that federal policies reflect the realities of our hospitals, our communities and our patients.

In June, members of the AzHHA Care Improvement team and representatives from the Arizona Transition to Practice Program for New Graduate Registered Nurses had the opportunity to attend the American Nurses Association (ANA) Hill Day 2025. This event provided the group with a unique learning experience to gain further understanding of how the ANA, their overarching professional organization, amplifies the voice of nursing.

To further elevate our message and call for action, we activated AzHHA's subsidiary, Arizonans for Better Healthcare, to form a coalition of healthcare leaders across the state. Our work included market research to determine messages that would resonate with voters, activation of advocates to "tell Congress to protect AHCCCS in Arizona" and production of targeted digital ads, encouraging hospitals to amplify them across social media.

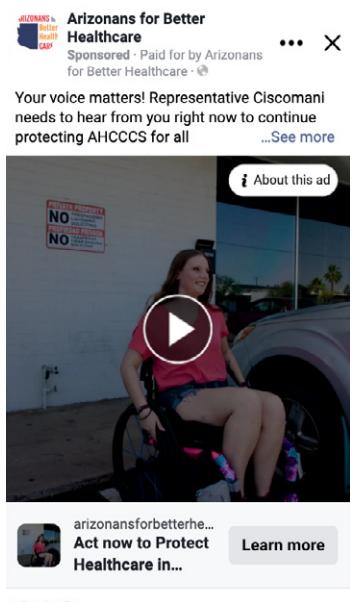
Behind the scenes, we met weekly with the Governor's Office as part of a Medicaid preservation coalition and commissioned economist Jim Rounds to assess the economic consequences of proposed federal cuts. These efforts produced economic impact data that mobilized business leaders from across the state to advocate for protecting Arizona's Medicaid program.

Looking ahead:

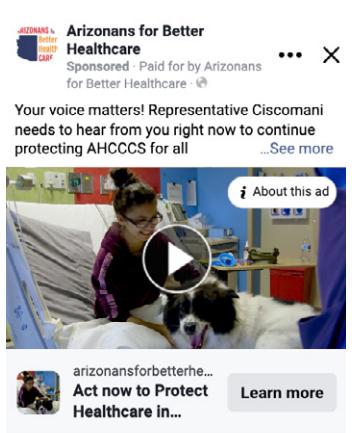
In collaboration with the American Hospital Association and Manatt, AzHHA is leading a state-level study to model the impact of Medicaid reductions. We also launched internal scenario planning tools to help hospitals prepare for potential revenue losses and communicate the stakes to local leaders and media.

The bottom line:

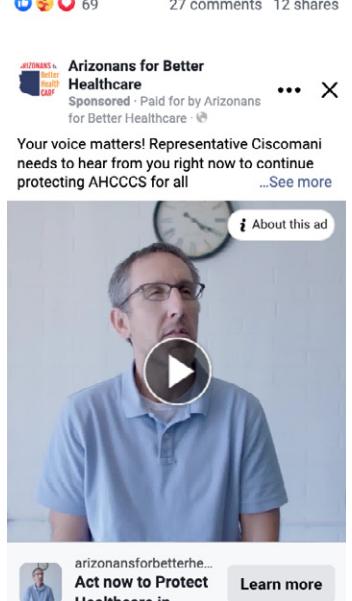
Through strategic engagement, data-driven advocacy and unified messaging, AzHHA continues to champion Arizona hospitals at the state and federal levels, ensuring that access to care remains a priority in every Congressional conversation.



arizonansforbetterhe... Act now to Protect Healthcare in... Learn more



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Every day elected officials' decisions affect the health of Arizona's people, patients and communities.

Donate to the AzHHA PAC to support candidates who align with our purpose and promote initiatives beneficial to healthcare in Arizona.



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AzHHA PAC, 2800 N. Central Ave., Suite 1450, Phoenix, AZ 85004.

Contributions or gifts to the AzHHA PAC are not deductible as charitable contributions for federal income tax purposes. Your contribution is important to us, but we want to emphasize that all contributions are voluntary and have no impact on your job status, performance review, compensation or employment. Any amount given or the decision not to give will not advantage or disadvantage you. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$25 in a calendar year (January-December). Contributions to AzHHA PAC will be used for a political purpose. Contributors to AzHHA PAC must be U.S. citizens or individuals lawfully admitted for permanent residence in the U.S. (i.e., green card holders). By contributing to AzHHA PAC you have verified you are eligible or an eligible family member at an AzHHA member or affiliate organization. Please direct questions, including those about eligibility, to advocacy@azhha.org.



Appendix of 2025 healthcare related bills

House Bills

HB2001 behavioral health; graduates; license exemption

Prime sponsor ▾

Rep. Matt Gress (R)

The Board of Behavioral Health Examiners is required to issue a 90-day temporary license to individuals who have completed specified courses of study in behavioral health, graduated from an accredited institution of higher education and have a valid fingerprint clearance card, allowing them to practice under supervision. HOUSE ENGROSSED

Final disposition ▾

Chapter 118
Signed by Governor
May 2, 2025

HB2012 emergency use products; employers; prohibition

Prime sponsor ▾

Rep. Nick Kupper (R)

Prohibits employers, government entities and healthcare entities from requiring the administration of an "emergency use product" (defined in the federal code) to their employees or as a condition of employment.

Final disposition ▾

Vetoed by Governor
April 7, 2025

HB2025 scope of practice; medical assistants

Prime sponsor ▾

Rep. Selina Bliss (R)

Strike-Everything Amendment adopted by House Committee on Health & Human Services: Allows medical assistants to place and remove urinary catheters after appropriate training and under the general supervision of a licensed physician, nurse practitioner or physician assistant.

Final disposition ▾

Chapter 21
Signed by Governor
March 31, 2025

HB2052 license exemption; basic first aid

Prime sponsor ▾

Rep. Alexander Kolodin (R)

The list of exemptions from professional licensing requirements is expanded to include providing "basic first aid" (defined) in good faith and without compensation to an injured person, with the person's consent or with consent from a parent or guardian if the person is under 15 years of age. SENATE ENGROSSED

Final disposition ▾

Senate FAILED
Third Reading May 7, 2025

HB2109 forced organ harvesting; insurance; prohibition

Prime sponsor ▾

Rep. Leo Biasiucci (R)

Prohibits insurance policies, subscription contracts and healthcare plans from covering human organ transplants or post-transplant care if the transplant operation is performed in the People's Republic of China or the Hong Kong Special Administrative Region, or if the human organ to be transplanted was procured by sale or donation originating in those regions. Subject to approval by the Centers for Medicare and Medicaid Services, the AHCCCS Administration is authorized to limit coverage for a human organ transplant or post-transplant care for the same reasons. Does not require coverage for human organ transplants nor restrict insurers from denying coverage for valid reasons.

Final disposition ▾

Chapter 130
Signed by Governor
May 6, 2025

HB2121 SNAP; mandatory employment and training

Prime sponsor ▾

Rep. Julie Willoughby (R)

The Department of Economic Security must require able-bodied adults under the age of 60 receiving Supplemental Nutrition Assistance Program (SNAP) benefits to participate in a mandatory employment and training program, as outlined in federal regulations. Exceptions are provided for individuals meeting specific criteria, including compliance with work registration requirements under certain federal programs, caregiving responsibilities for young children or incapacitated persons, enrollment in qualifying educational or rehabilitation programs, or employment meeting specified hours or income thresholds.

Final disposition ▾

Vetoed by Governor
May 6, 2025

HB2122 SNAP; work requirement waivers; exemptions

Prime sponsor ▾

Rep. Julie Willoughby (R)

Prohibits the Department of Economic Security (DES) from seeking, applying for, accepting or renewing waivers of work requirements for able-bodied adults without dependents under certain conditions unless required by federal law or authorized by state law. Prohibits DES from exercising the state's option to provide exemptions from the work requirement unless authorized by state law. HOUSE ENGROSSED

Final disposition ▾

Vetoed by Governor
May 6, 2025

HB2125 special districts; water; claims

Prime sponsor ▾

Rep. Julie Willoughby (R)

Strike-Everything Amendment Adopted by Senate Committee on Finance: Prohibits irrigation and water conservation districts from taxing land that has not received water in the past five years and cannot be served by the district or its contracted providers. Exempts certain long-term water delivery contract disputes from the standard one-year statute of limitations for claims against public entities. Applies the changes retroactively and allows previously time-barred claims to be filed or refiled by December 31, 2026.

Final disposition ▾

Senate COW passed
amended
Committee of the
Whole May 28, 2025

HB2126 medical records; parental rights

Prime sponsor ▾

Rep. Julie Willoughby (R)

Requires healthcare entities to provide parents with access to electronic health records and platforms for their minor children, subject to legal or court-ordered confidentiality obligations. Expands parents' rights to include access to written and electronic medical records of their minor children for services that do not require parental consent.

Final disposition ▾

Vetoed by Governor
April 15, 2025

**HB2130** claims; prior authorization; denials; contact

Prime sponsor ▾

Rep. Selina Bliss (R)

Requires healthcare insurers to provide a telephone number or email address for an individual or department that can explain claim or prior authorization denials. Requires insurers to provide a substantive response to inquiries about denied claims or prior authorizations within two business days. Effective July 1, 2026. HOUSE ENGROSSED

Final disposition ▾

Referred to Senate Rules
Referred to Senate
Regulatory Affairs and
Government Efficiency
First Reading
February 25, 2025

HB2132 hospitals; outpatient surgical centers; nurses

Prime sponsor ▾

Rep. Selina Bliss (R)

By January 1, 2026, outpatient surgical centers and hospitals must have a registered nurse as a "circulator" (defined) who is physically present in the operating room during surgical procedures.

Final disposition ▾

Bill introduced
January 28, 2025

HB2133 nurses; provisional licensure

Prime sponsor ▾

Rep. Selina Bliss (R)

Requires the Arizona State Board of Nursing to issue a provisional license or certificate within five business days to an out-of-state advanced practice registered nurse, registered nurse or licensed practical nurse who meets specified qualifications, including holding a current, unencumbered license in another state and submitting fingerprints for a background check. Allows the Board to deny or terminate a provisional license if the applicant has a pending investigation, prior disciplinary action or other concerns regarding their ability to practice safely. Provisional licenses may become permanent after six months unless terminated by the Board due to unresolved issues. Waives application fees for veterans and spouses of active-duty military members. HOUSE ENGROSSED

Final disposition ▾

Chapter 223
Signed by Governor
June 25, 2025

HB2134 physician assistants; qualifications

Prime sponsor ▾

Rep. Selina Bliss (R)

Revises the qualifications for licensure as a physician assistant to specify that the educational program an applicant must have graduated from must be accredited by a nationally recognized accreditation organization and that the exam an applicant must pass must be nationally recognized. HOUSE ENGROSSED

Final disposition ▾

Referred to Senate Health
and Human Services
Referred to Senate Rules
First Reading
March 27, 2025

HB2173 mental health inquiry; prohibition

Prime sponsor ▾

Rep. Julie Willoughby (R)

Prohibits health profession regulatory boards and licensing authorities from including questions on applications regarding an applicant's history of seeking mental health assistance, diagnoses or treatment. Permits inquiries about current regulatory orders for health conditions, including substance abuse, but applicants are not required to disclose participation in confidential programs.

Final disposition ▾

Chapter 25
Signed by Governor
March 31, 2025

HB2175 prior authorization; claims

Prime sponsor ▾

Rep. Julie Willoughby (R)

Requires a healthcare insurer's medical director to individually review and exercise independent medical judgment before denying a provider-submitted claim or a requested prior authorization based on medical necessity, without relying solely on recommendations from any other source. Effective July 1, 2026. SENATE ENGROSSED

Final disposition ▾

Chapter 165
Signed by Governor
May 12, 2025

HB2180 acute care services; pilot program

Prime sponsor ▾

Rep. Selina Bliss (R)

Extends the repeal date for the Acute Care at Home Pilot Program administered by the Department of Health Services, which allows licensed hospitals to provide acute care services in patients' homes, two years to December 31, 2028. Requires participating hospitals to ensure an emergency response time of no more than thirty minutes to a patient's home. Allows mobile paramedics and mobile nursing services to be used to meet emergency response time requirements. HOUSE ENGROSSED

Final disposition ▾

Chapter 197
Signed by Governor
May 13, 2025

HB2184 appropriations; health innovation trust fund

Prime sponsor ▾

Rep. Selina Bliss (R)

Appropriates \$250,000 from the state general fund in FY2025-26 to the Arizona Health Innovation Trust Fund to support its growth toward a \$200 million permanent endowment balance. Appropriates \$250,000 from the state general fund in FY2025-26 to the State Treasurer for a health innovation pilot program already established in statute. HOUSE ENGROSSED

Final disposition ▾

Referred to Senate
Appropriations
Referred to Senate Health
and Human Services
Referred to Senate Rules
First Reading
March 27, 2025

HB2210 DIFI; continuation

Prime sponsor ▾

Rep. David Livingston (R)

The Department of Insurance and Financial Institutions is continued eight years to July 1, 2033. Retroactive to July 1, 2025.

Final disposition ▾

Senate Rules OK
Rules June 17, 2025

HB2291 opioids; containers; labeling; requirements; repeal

Prime sponsor ▾

Rep. Walt Blackman (R)

Eliminates the requirement for schedule II controlled substance opioid prescription containers to have a red cap.

Final disposition ▾

Chapter 45
Signed by Governor
April 7, 2025

HB2313 behavioral health examiners board; continuation

Prime sponsor ▾

Rep. Selina Bliss (R)

The Board of Behavioral Health Examiners is continued for six years to July 1, 2031. Retroactive to July 1, 2025.

Final disposition ▾

Chapter 249
Signed by Governor
June 27, 2025

HB2314 osteopathic examiners board; continuation

Prime sponsor ▾

Rep. Selina Bliss (R)

The Arizona Board of Osteopathic Examiners in Medicine and Surgery is continued for six years to July 1, 2031. Retroactive to July 1, 2025.

Final disposition ▾

Senate Rules OK
Rules June 17, 2025

**HB2315** respiratory care examiners board; continuation

Prime sponsor ▾

The Board of Respiratory Care Examiners is continued for six years to July 1, 2031. Retroactive to July 1, 2025.

Rep. Selina Bliss (R)

Final disposition ▾

Senate Rules OK
Rules June 17, 2025

HB2320 appropriation; veterans' services; mental health

Prime sponsor ▾

Appropriates \$1 million from the state general fund in FY2025-26 to the Department of Veterans' Services to provide grants to nonprofit organizations that provide evidence-based mental and behavioral health services, including clinical care, fitness training, mindfulness classes, nutritional guidance and peer outreach for veterans, active duty service members and their families. Nonprofit organizations must administer these services in partnership with qualified hospital systems and state universities. HOUSE ENGROSSED

Rep. John Gillette (R)

Final disposition ▾

Appropriations passed
(9 - 0 - 0 - 0 - 1 - 0)
Appropriations
April 1, 2025

HB2329 appropriation; health care directives registry

Prime sponsor ▾

By December 31, 2025 and June 30, 2026, the Department of Health Services (DHS) is required to submit a report on the Health Care Directives Registry to the Governor and the Legislature. Information that DHS must include in the report is specified. Appropriates \$500,000 from the state general fund in FY2025-26 to DHS for the operation of the Registry. HOUSE ENGROSSED

Rep. Julie Willoughby (R)

Final disposition ▾

Appropriations passed
(9 - 1 - 0 - 0 - 0 - 0)
Appropriations
March 18, 2025

HB2332 postpartum depression; treatment; insurers

Prime sponsor ▾

Requires the Department of Health Services (DHS) to compile and distribute educational materials on maternal mental health conditions, including postpartum depression, for healthcare professionals and patients. Requires healthcare institutions to provide these materials to new parents upon discharge, and primary care physicians and other healthcare providers must distribute them to pregnant individuals or those exhibiting symptoms of maternal mental health disorders. Requires DHS to periodically review and update the materials to ensure accuracy. Requires DHS to establish an advisory committee to develop recommendations for improving access to obstetrics, gynecology and maternal mental healthcare in rural communities and requires the committee to submit a report to the Governor and the Legislature by December 31, 2026. SENATE ENGROSSED

Rep. Julie Willoughby (R)

Final disposition ▾

Chapter 201
Signed by Governor
May 13, 2025

HB2380 rare disease advisory council

Prime sponsor ▾

Establishes the Arizona Rare Disease Advisory Council within the Department of Health Services to provide guidance and recommendations on the needs of individuals with rare diseases in Arizona. The Council is required to convene public hearings, make policy recommendations, and evaluate and make recommendations to improve healthcare coverage for rare disease patients. The Council is required to submit an annual report to the Governor and the Legislature. SENATE ENGROSSED

Rep. Alma Hernandez (D)

Final disposition ▾

Chapter 30
Signed by Governor
March 31, 2025

HB2405 topical medications

Prime sponsor ▾

Allows a hospital or outpatient surgical center to offer a patient any unused portion of a facility-provided multidose medication upon discharge if ordered at least 24 hours before a surgical procedure and required for continuing treatment. Requires the prescriber to counsel the patient on the medication's proper use if administered in an operating room or emergency department, waiving pharmacist counseling requirements. HOUSE ENGROSSED

Rep. Ralph Heap (R)

Final disposition ▾

Chapter 30
Signed by Governor
March 31, 2025

HB2438 birth certificates; amendments; prohibition

Prime sponsor ▾

Prohibits the state registrar from amending the sex designation on a person's original birth certificate as a result of sex change surgery. Removes the ability to amend a birth certificate based on a physician's verification of a sex change operation or chromosomal count. Prohibits a court commissioner from issuing an order to amend a birth certificate based on sex designation. Allows the State Registrar to correct a birth certificate if an applicant provides evidence proving beyond a reasonable doubt that an original entry was factually inaccurate at the time of recordation. SENATE ENGROSSED

Rep. Rachel Keshel (R)

Final disposition ▾

Vetoed by Governor
May 2, 2025

HB2439 website information; pregnant women

Prime sponsor ▾

By December 1, 2025, the Arizona Health Care Cost Containment System is required to include on its public website a conspicuous link to comprehensive information for pregnant women, in both English and Spanish, about services supporting pregnant women and adoption services.

Rep. Rachel Keshel (R)

Final disposition ▾

Vetoed by Governor
May 6, 2025

HB2441 psychologist board; complaint-related documents

Prime sponsor ▾

Allows individuals who file complaints against psychologists to receive copies of all documents obtained and reviewed by the State Board of Psychologist Examiners during the investigation process unless restricted by state or federal law.

Rep. Rachel Keshel (R)

Final disposition ▾

Vetoed by Governor
May 6, 2025

HB2581 tracking system; sexual assault kits

Prime sponsor ▾

Requires the Department of Public Safety to establish a sexual assault kit evidence tracking system to track kits collected under state and federal law, including during death investigations. Requires medical providers, medical examiners, law enforcement agencies and public accredited crime laboratories to submit tracking data to the system. Allows victims to anonymously track the status and location of their kits and receive destruction notifications if requested. Exempts law enforcement agencies in cities with populations over one million that already operate compliant tracking systems from participation. SENATE ENGROSSED

Rep. Selina Bliss (R)

Final disposition ▾

Chapter 205
Signed by Governor
May 13, 2025

**HB2584** nonemergency medical transportation; study

Prime sponsor ▾	Allows the Arizona Health Care Cost Containment System (AHCCCS) to conduct a study, funded by nonemergency medical transportation providers and other interested enterprises, on the adequacy of Title XIX reimbursement rates for nonemergency medical transportation services. The study will examine costs associated with delivering these services, including programmatic, administrative and technology expenses, in both rural and urban areas. AHCCCS may require contracted providers and managed care organizations to provide financial data to support the study. The AHCCCS Administration must submit the study's findings to the Joint Legislative Budget Committee and consider the results as part of the AHCCCS Administration's review of reimbursement rates for nonemergency medical transportation. SENATE ENGROSSED
Rep. Selina Bliss (R)	

Final disposition ▾

Placed on Senate
Third Reading Calendar
Third Reading
April 29, 2025

HB2627 pharmacies; emergency authority

Prime sponsor ▾	Authorizes pharmacies owned by a health system to compound and repackage prescription drugs on a non-patient-specific basis for the patients of that health system during a declared emergency that is the consequence of a natural disaster or terrorist attack. HOUSE ENGROSSED
Rep. Jeff Weninger (R)	

Final disposition ▾

Chapter 86
Signed by Governor
April 18, 2025

HB2628 pharmacists; emergency medication; administration

Prime sponsor ▾	Authorizes pharmacists to order and administer emergency medications, such as epinephrine, corticosteroids, albuterol, oxygen and antihistamines, to manage acute allergic reactions occurring at the pharmacy. Requires pharmacists to notify the individual's primary care provider or physician within 48 hours of administering the medication and to follow standard operating procedures established by the pharmacy or institution. Does not establish a cause of action against primary care providers or physicians for adverse outcomes from emergency medication administered by pharmacists without a prescription.
Rep. Jeff Weninger (R)	

Final disposition ▾

Chapter 32
Signed by Governor
March 31, 2025

HB2632 regulatory costs; rulemaking; legislative ratification

Prime sponsor ▾	Requires legislative ratification for any proposed agency rule that increases regulatory costs in the state by more than \$500,000 within five years of implementation. If the Office of Economic Opportunity confirms a proposed rule meets this qualification, the Office must submit the rule to the Administrative Rules Oversight Committee at least 30 days before the next regular legislative session. Rules that are not ratified by the Legislature are void and unenforceable. Exempts emergency rules and Corporation Commission rules. Additionally, the Legislature is authorized to eliminate rules that cost taxpayers more than \$1 million annually through concurrent resolution. Severability clause.
Rep. Alexander Kolodin (R)	

Final disposition ▾

Referred to Senate
Government
Referred to Senate Rules
First Reading
March 27, 2025

HB2681 abortion-inducing drugs; requirements

Prime sponsor ▾	Imposes new requirements on physicians providing abortion-inducing drugs. Physicians must verify the pregnancy in person, determine blood type and address Rh-negative cases, disclose potential physical and psychological side effects, and document gestational age and treatment provided. Follow-up visits must be scheduled to confirm the abortion's completion and monitor bleeding. Prohibits the delivery of abortion-inducing drugs via mail or courier. Establishes civil remedies for violations, including damages and confidentiality provisions for affected individuals. Prohibits civil actions against the woman receiving the abortion-inducing drug. Severability clause. HOUSE ENGROSSED
Rep. Rachel Keshel (R)	

Final disposition ▾

Judiciary and Elections
passed (4 - 3 - 0 - 0 - 0 - 0)
Judiciary and Elections
March 19, 2025

HB2689 cancer insurance; retirees; public safety

Prime sponsor ▾	Any person whose eligibility for coverage from the Public Safety Cancer Insurance Policy Program is expiring may elect to remain in the Program and pays the required premium, instead of only those who are eligible due to a cancer diagnosis. Allows continued coverage after standard eligibility expires if the retiree elects to pay an actuarially determined premium. Effective January 1, 2026. HOUSE ENGROSSED
Rep. David Livingston (R)	

Final disposition ▾

Chapter 208
Signed by Governor
May 13, 2025

HB2693 genetic sequencing; insurance; prohibition

Prime sponsor ▾	Health and disability insurers are authorized to limit coverage for genetic sequencing if the sequencing is performed using devices produced or controlled by entities domiciled in or affiliated with specified foreign adversaries. The Arizona Health Care Cost Containment System (AHCCCS) Administration is authorized to limit coverage in the same manner, subject to approval from the Centers for Medicare and Medicaid Services. Healthcare institutions and research facilities are prohibited from using genetic sequencing devices or software associated with foreign adversaries. Requires institutions and facilities to replace prohibited equipment and mandates annual compliance certifications. Establishes penalties for violations.
Rep. Leo Biasiucci (R)	

Final disposition ▾

Vetoed by Governor
May 2, 2025

HB2706 mental health; intensive treatment orders

Prime sponsor ▾	Allows courts to order intensive treatment services for individuals who are seriously mentally ill and chronically resistant to treatment. Requires the order to include a court-approved treatment plan and require the mental health treatment agency to file written progress reports every 60 days. Authorizes courts to enforce compliance by ordering inpatient treatment if a patient fails to follow the plan. HOUSE ENGROSSED
Rep. Consuelo Hernandez (D)	

Final disposition ▾

Senate Rules OK
Rules June 17, 2025

HB2742 court-ordered evaluations

Prime sponsor ▾	The 48-hour deadline for a screening agency to act on an application for a court-ordered mental health evaluation excludes weekends and holidays. Court filing for a mental health evaluation must be completed within 72 hours after admission to an evaluation agency, excluding weekends and holidays. Requires the medical director of an evaluation agency to file a petition for court-ordered treatment on the same day or the next court day if the evaluation determines treatment is necessary.
Rep. Chris Lopez (R)	

Final disposition ▾

Chapter 211
Signed by Governor
May 13, 2025

HB2785 healthcare facilities; electronic monitoring

Prime sponsor ▾	Prohibits nursing care institutions and assisted living facilities from preventing residents from installing and using electronic monitoring devices in their rooms. Facilities cannot retaliate against residents for choosing to conduct electronic monitoring. Allows the Arizona Department of Health Services to assess civil penalties for violations.
Rep. Quang H. Nguyen (R)	

Final disposition ▾

Health and Human Services failed
(1 - 5 - 0 - 0 - 1 - 0)
Health and Human Services March 26, 2025

**HB2787** ground ambulances; registration

Prime sponsor ▾	Allows ambulance registration certificates to remain valid until the Arizona Department of Health Services (ADHS) completes the required inspection if ADHS fails to complete the inspection on time. Retroactive to April 1, 2021. Emergency clause.
Rep. Julie Willoughby (R)	

Final disposition ▾
Chapter 212
Signed by Governor
May 13, 2025

HB2944 inpatient treatment days; computation; exclusion

Prime sponsor ▾	Excludes time spent in jail or prison from the computation of the maximum number of inpatient treatment days under court-ordered mental health treatment.
Rep. Alma Hernandez (D)	

Final disposition ▾
Chapter 214
Signed by Governor
May 13, 2025

HB2945 developmental disabilities; appropriations; waivers

Prime sponsor ▾	Prohibits the Arizona Health Care Cost Containment System (AHCCCS) Administration from submitting a new Section 1115 waiver amendment or including new provisions in a waiver extension unless the Legislature has authorized the changes by statute if the waiver expands eligibility, adds new services or increases service utilization by more than 10%. Requires AHCCCS and the Department of Economic Security (DES) to implement a 40-hour weekly limit per child for the Parents as Paid Caregivers Program beginning July 1, 2025. Requires DES to implement an electronic visit verification system that delineates that a parent or nonparent provider is providing direct care services. Prohibits parents from billing for attendant care services while the child is at school or receiving care in a clinical setting. Requires state agencies, except universities, to report annually on the use of federal funds, including plans for service continuity if major reductions occur. Requires the Auditor General to conduct or contract for a special audit of the Parents as Paid Caregivers Program, including a review of the standardized assessment tool and a comparison to best practices in other states, and to submit a report with findings and recommendations to the Legislature by August 1, 2026. Appropriates the following amounts in FY2024–25 from the following funds to DES for developmental disabilities Medicaid program expenses and cost effectiveness studies: \$122.65 million from the Prescription Drug Rebate Fund and \$403 million from Developmental Disabilities Medicaid expenditure authority. Emergency clause. HOUSE ENGROSSED
Rep. David Livingston (R)	

Final disposition ▾
Chapter 93
Signed by Governor
April 24, 2025

HCR2038 rulemaking; legislative ratification; regulatory costs

Prime sponsor ▾	The Legislature is authorized to eliminate any agency rule that costs taxpayers more than \$1 million annually by concurrent resolution. Authorizes citizens or businesses to request an assessment of a rule's financial impact from the Office of Economic Opportunity, which must complete the assessment within six months and notify the Legislature, the public and the Administrative Rules Oversight Committee. Severability clause. If passed by the Legislature, this legislation will be submitted to the voters at the 2026 general election. HOUSE ENGROSSED
Rep. Alexander Kolodin (R)	

Final disposition ▾
House COW passed amended
Committee of the Whole
February 19, 2025

HB2028 genetic counselors; board; licensure

Prime sponsor ▾	Establishes the Board of Genetic Counselors to regulate the practice of genetic counseling in Arizona. Defines genetic counseling and related roles, sets licensing requirements for genetic counselors, and outlines the duties and powers of the Board, including issuing licenses, enforcing professional standards and disciplining licensees. Includes provisions for provisional licenses, license renewal and reciprocity for out-of-state practitioners. Establishes a fund for the Board's operations and sets a termination date for the Board of July 1, 2033.
Rep. Selina Bliss (R)	

Final disposition ▾
Removed from House Health & Human Services hearing - February 17, 2025
Removed from Agenda February 11, 2025

HB2055 immunizations; requirements; exemption

Prime sponsor ▾	Allows individuals to claim an exemption from immunization requirements for employment, school attendance or licensing if there is not vaccine available that meets a list of specific criteria, including FDA approval, long-term safety evaluation and manufacturer liability for vaccine injuries. Individuals may claim this exemption on their own behalf or for their child or dependent.
Rep. Lisa Fink (R)	

Final disposition ▾
Regulatory Oversight passed (3 - 2 - 0 - 0 - 0 - 0)
Regulatory Oversight January 28, 2025

HB2057 parental rights; medical records

Prime sponsor ▾	Requires healthcare entities to give parents equivalent access to electronic healthcare delivery platforms and portals for their minor children. Parental rights to access and review medical records for services not requiring parental consent are for written and electronic medical records.
Rep. Lisa Fink (R)	

Final disposition ▾
Referred to House Health & Human Services
Referred to House Rules
First Reading January 13, 2025

HB2064 healthcare; interoperability grants; appropriation

Prime sponsor ▾	Establishes a competitive grant program within the Arizona Department of Administration (ADOA) for fiscal years 2025-2028 to support a licensed interoperability software technology solution to support acute care for rural hospitals, healthcare providers and trauma centers. Requires the software to comply with HIPAA privacy standards, enable real-time data exchange and enhance communication across diverse platforms. Appropriates \$6 million in FY2025-26 from the state general fund to ADOA for the program, with any unspent funds reverting by June 30, 2028.
Rep. Matt Gress (R)	

Final disposition ▾
Referred to House Science & Technology
Referred to House Appropriations
Referred to House Rules
First Reading January 21, 2025

HB2124 hospitals; interfacility transport

Prime sponsor ▾	Expands eligibility for ambulance certificates of necessity to hospitals and their direct or indirect owners for interfacility transports. Prohibits existing certificate holders from appealing or interfering with such applications. Grants those existing holders a right of first refusal if they can meet transport requirements. Requires documentation of all interfacility transport requests and responses. HOUSE ENGROSSED
Rep. Julie Willoughby (R)	

Final disposition ▾
House COW passed amended
Committee of the Whole March 4, 2025

**HB2138 AHCCCS; naturopathic physicians**

Prime sponsor ▾

Allows doctors of naturopathic medicine to serve as providers under the Arizona Health Care Cost Containment System (AHCCCS), contingent upon the approval of the Centers for Medicare and Medicaid Services (CMS) by October 1, 2028. If CMS grants approval, this legislation becomes effective beginning October 1 of the year following the approval.

Rep. Selina Bliss (R)

Final disposition ▾

House FAILED
(29 - 29 - 2 - 0 - 0)
Third Reading
March 17, 2025

HB2148 foreign medical graduates; nurses; licensure

Prime sponsor ▾

Establishes the Arizona Licensure Program for Foreign Medical Graduates and Nurses, allowing individuals with foreign medical or nursing degrees to obtain provisional licenses to practice under supervision in designated healthcare shortage areas. Sets eligibility criteria, including credential verification, English-language proficiency and background checks, and outlines a supervised practice period of 12 to 24 months. After meeting these requirements and passing licensure exams, participants may apply for full licensure and are required to serve in underserved areas for two to four years. The program includes mentorship, training support and incentives for supervisors.

Rep. Walt Blackman (R)

Final disposition ▾

Referred to House Rules
First Reading
June 27, 2025

HB2176 training; investigations; complaints; health facilities

Prime sponsor ▾

Requires the Arizona Department of Health Services (ADHS) to establish evaluation criteria for determining whether issuing a new healthcare institution license or approving a change in ownership would jeopardize patient safety. Requires ADHS to notify healthcare institutions of complaint investigations, publish a priority matrix for complaints and provide documentation to the licensee before beginning investigations. Establishes an informal dispute resolution process, requiring ADHS to review and respond to contested deficiency statements within ten business days. ADHS is required to implement annual training for licensing surveyors and their supervisors on complaint investigations and professional conduct. HOUSE ENROLLED

Rep. Julie Willoughby (R)

Final disposition ▾

House motion to Reconsider
Third Reading passed
Motion to Reconsider
Third February 25, 2025

HB2181 physical therapy; durable medical equipment

Prime sponsor ▾

Authorizes licensed physical therapists to recommend and prescribe durable medical equipment directly to patients without requiring a prescription from a licensed physician.

Rep. Selina Bliss (R)

Final disposition ▾

Discussion Held in Health & Human Services - February 13, 2025

HB2196 schools; AEDs; CPR training; requirements

Prime sponsor ▾

Requires each public high school in Arizona sponsoring athletic teams or sports programs to provide an automated external defibrillator (AED) in an unlocked, easily accessible location near athletic events and venues, maintained in good working order, by August 1, 2025. Requires coaches to complete training in CPR, first aid and AED use following nationally recognized emergency cardiovascular care guidelines. Authorizes school districts and charter schools to accept donations for purchasing and maintaining AEDs and providing training. Appropriates \$500,000 from the state general fund in FY2025-26 to the Arizona Department of Education for distribution to schools meeting specific financial criteria to implement these requirements. HOUSE ENROLLED

Rep. Julie Willoughby (R)

Final disposition ▾

House FAILED
(24 - 36 - 0 - 0 - 0)
Third Reading
February 25, 2025

HB2197 certificate of necessity; repeal

Prime sponsor ▾

Repeals statutes requiring a certificate of necessity to operate an ambulance service, effective October 1, 2027. Directs the legislative council staff to prepare conforming legislation to align other statutory provisions with the repeal for consideration in the 2026 legislative session.

Rep. Julie Willoughby (R)

Final disposition ▾

Regulatory Oversight passed (3 - 2 - 0 - 0 - 0)
Regulatory Oversight January 28, 2025

HB2198 AHCCCS; reimbursement rates; rural hospitals

Prime sponsor ▾

Beginning in FY2025-26 and each FY after, the Arizona Health Care Cost Containment System (AHCCCS) Administration is required to increase the fee-for-service reimbursement rates for emergency hospitalization and medical care provided by rural hospitals by 30% over the FY2024-25 reimbursement rates.

Rep. Julie Willoughby (R)

Final disposition ▾

Withdrawn from Health & Human Services - February 10, 2025

HB2199 prescription drugs; advertising; requirements

Prime sponsor ▾

Requires advertisements for human prescription and nonprescription drugs in television, radio or internet formats to present statements about side effects and contraindications at the same volume, articulation and pacing as the rest of the advertisement. Prohibits the inclusion of audio or visual elements likely to interfere with understanding this information.

Rep. Nick Kupper (R)

Final disposition ▾

Referred to House Health & Human Services
Referred to House Rules
First Reading Jan. 21, 2025

HB2208 pharmacists; pharmacies; reimbursement costs; appeals

Prime sponsor ▾

Prohibits pharmacy benefit managers (PBMs) from reimbursing pharmacists or pharmacies under contract with them for prescription drugs or devices at a rate lower than the actual cost paid by the pharmacist or pharmacy. Requires PBMs to pay professional dispensing fees at or above rates specified in the state plan for medical assistance. Requires PBMs to include in their contracts an appeal process for reimbursement rates and outlines procedures for resolving disputes, including provisions for updating rates and allowing claim rebilling if appeals succeed. Specifies that findings from successful appeals must apply to "similarly situated pharmacists and pharmacies" (defined). Applies to contracts entered into, amended, extended or renewed on or after December 31, 2025.

Rep. Selina Bliss (R)

Final disposition ▾

Health & Human Services passed (9 - 0 - 2 - 0 - 0 - 0)
Health & Human Services February 17, 2025

HB2226 AHCCCS; applied behavior analysis

Prime sponsor ▾

Requires the Arizona Health Care Cost Containment System (AHCCCS) Administration to ensure that applied behavior analysis (ABA) services for families and children are provided in locations flexible to meet individual needs without favoring specific settings. Prohibits the AHCCCS Administration from paying different rates for ABA services based on the delivery setting but allows mileage reimbursement for travel to rural or wilderness areas.

Rep. Matt Gress (R)

Final disposition ▾

Health & Human Services held - February 10, 2025

HB2243 terminally ill individuals; end-of-life decisions

Prime sponsor ▾

Adult Arizona residents with terminal illnesses who have capacity can request a prescription for medication to end their lives. The request requires two unrelated witnesses. The attending physician is required to ensure the person is making an informed decision and observe a waiting period. A consulting physician must confirm the diagnosis. Counseling is mandatory for suspected psychiatric issues. The individual can rescind the request and unused medication must be properly disposed of. Healthcare professionals and facilities are immune from liability and disciplinary action for practicing medical aid in dying in good faith in compliance with these requirements. Establishes penalties for violations. Severability clause.

Rep. Christopher Mathis (D)

Final disposition ▾

Referred to House Rules
First Reading June 27, 2025

**HB2276** legislative ratification; rulemaking; regulatory costs

Prime sponsor ▾	Requires legislative ratification for any proposed agency rule that increases regulatory costs in the state by more than \$500,000 within five years of implementation. If the Office of Economic Opportunity confirms a proposed rule meets this qualification, the Office must submit the rule to the Administrative Rules Oversight Committee at least 30 days before the next regular legislative session. Rules that are not ratified by the Legislature are void and unenforceable. Exempts emergency rules and Corporation Commission rules.
Rep. Matt Gress (R)	

Final disposition ▾

Scheduled for House Government hearing - January 24, 2025

HB2292 cancer screening; coverage; gene mutation

Prime sponsor ▾	Requires healthcare service corporations, hospital service corporations, disability insurers and group disability insurers to provide coverage for genetic counseling and testing, including germline mutation testing for hereditary cancer syndromes, without cost-sharing. Applies to policies and contracts issued, delivered or renewed on or after January 1, 2026. Also requires primary care providers assess adult patients for cancer risk based on personal or family history and, if indicated, refer for genetic counseling or testing.
Rep. Stephanie Simacek (D)	

Final disposition ▾

Referred to House Health & Human Services
Referred to House Rules
First Reading
January 23, 2025

HB2294 outpatient treatment centers; facility fees

Prime sponsor ▾	Outpatient treatment centers with the same direct or indirect owner as a licensed hospital and staffed by licensed healthcare providers are no longer exempt from licensure as a healthcare institution if they charge a "facility fee" (defined).
Rep. Stephanie Simacek (D)	

Final disposition ▾

Referred to House Health & Human Services
Referred to House Commerce
Referred to House Rules
First Reading
January 23, 2025

HB2310 advanced practice registered nurses; compact

Prime sponsor ▾	Adopts the Advanced Practice Registered Nurse (APRN) Compact, which allows licensed APRNs to practice in other compact member states without obtaining additional licenses. Establishes uniform licensure requirements and a coordinated licensure information system for sharing data among states. Grants authority for taking adverse actions against multistate licensure privileges while requiring compliance with state practice laws where care is provided. Prohibits changes to state-specific APRN scope of practice without legislative approval and allows states to withdraw from the compact if unauthorized changes occur.
Rep. Selina Bliss (R)	

Final disposition ▾

Discussion Held in Health & Human Services - February 17, 2025

HB2333 technical correction; health services; fees

Prime sponsor ▾	Makes technical changes only. Vehicle bill.
Rep. Julie Willoughby (R)	

Final disposition ▾

Referred to House Rules
First Reading
June 27, 2025

HB2346 medical records; reproduction; fee

Prime sponsor ▾	Limits the maximum fee a healthcare provider or contractor may charge for reproducing medical records to \$1 per page.
Rep. Laurin Hendrix (R)	

Final disposition ▾	
Health & Human Services held - February 10, 2025	

HB2348 behavioral health services; insurance coverage

Prime sponsor ▾	Health and disability insurance policies issued, amended, delivered or renewed on or after January 1, 2026 are required to provide coverage for behavioral health services, including mental health and substance use disorder services. Requires insurers to establish procedures to assist insured individuals in accessing out-of-network providers if in-network providers are unavailable within specified timeframes. Insurers must ensure that insured individuals are not charged more than the in-network cost-sharing amount for out-of-network services when timely access to in-network services is not possible.
Rep. Patty Contreras (D)	

Final disposition ▾	
Referred to House Health & Human Services Referred to House Rules First Reading January 29, 2025	

HB2349 TANF; cash assistance; duration

Prime sponsor ▾	Extends the maximum duration for receiving Temporary Assistance for Needy Families (TANF) cash assistance to 60 months, from the current 12 months. Retroactive to July 1, 2025.
Rep. Patty Contreras (D)	

Final disposition ▾	
Referred to House Health & Human Services Referred to House Appropriations Referred to House Rules First Reading January 27, 2025	

HB2351 health professionals; website; time limitation

Prime sponsor ▾	The display of disciplinary actions and final nondisciplinary orders on health profession regulatory board websites is no longer limited to no more than five years.
Rep. Patty Contreras (D)	

Final disposition ▾	
Referred to House Health & Human Services Referred to House Rules First Reading January 23, 2025	

HB2661 certificates of necessity; exemption

Prime sponsor ▾	Exempts ambulance services owned or operated by the direct or indirect owner of a healthcare institution from requiring a certificate of necessity for intrafacility transports for the purpose of continuity of care, resource allocation or specialized treatment.
Rep. Julie Willoughby (R)	

Final disposition ▾	
Referred to House Commerce Referred to House Rules First Reading January 28, 2025	

**HB2674** preauthorization prohibition; addiction medications

Prime sponsor ▾

Rep. Walt Blackman (R)

Beginning October 1, 2026, the Arizona Health Care Cost Containment System and its contractors are prohibited from imposing preauthorization or step edit requirements on any form or formulation of medication approved by the United States Food and Drug Administration for the treatment of opioid use disorder.

Final disposition ▾

Referred to House Health & Human Services
Referred to House Rules
First Reading
January 27, 2025

HB2745 fertility treatment; access

Prime sponsor ▾

Rep. Stephanie Stahl Hamilton (D)

Establishes the right of individuals to access fertility treatments without prohibition or unreasonable limitation. Allows healthcare providers to perform or assist with fertility treatments and provide related information. Grants health insurers the right to cover fertility treatments. Requires the Arizona Department of Health Services and health profession regulatory boards to adopt rules to implement these provisions.

Final disposition ▾

Referred to House Health & Human Services
Referred to House Appropriations
Referred to House Rules
First Reading
February 10, 2025

HB2707 vaccination status; unprofessional conduct; policies

Prime sponsor ▾

Rep. Nick Kupper (R)

Classifies it as unprofessional conduct for a health professional to deny or provide substandard care based on a patient's vaccination status. Prohibits healthcare institutions from adopting policies that allow such discrimination in the provision of medical care.

Final disposition ▾

Referred to House Health & Human Services
Referred to House Rules
First Reading
February 4, 2025

HB2746 abortion; providers; waiting period; ultrasound

Prime sponsor ▾

Rep. Stephanie Stahl Hamilton (D)

Expands the definition of "healthcare provider" to include nurse practitioners, certified nurse midwives and physician assistants, allowing them to perform certain abortion-related procedures. Removes language prohibiting physician assistants from performing surgical abortions. Allows nurse practitioners, certified nurse midwives and physician assistants to perform ultrasounds, estimate fetal gestational age, provide post-procedure care, discuss RhO(D) immune globulin with patients and obtain informed consent. Repeals statute prohibiting abortions after 12 weeks' gestation and requiring a healthcare provider to send ultrasound results to contractors for review to ensure compliance with that prohibition. Repeals the prohibition on manufacturers, suppliers and physicians providing an abortion-inducing drug via courier, delivery or mail service.

Final disposition ▾

Referred to House Rules
First Reading
June 27, 2025

HB2721 ambulance services; public information

Prime sponsor ▾

Rep. Julie Willoughby (R)

Requires privately owned ambulance services to report specific call data, including response times, service availability and complaints, to the Arizona Department of Health Services (ADHS). Requires ADHS to make this information publicly available upon request and post redacted information on its website.

Final disposition ▾

Commerce held
Commerce
February 18, 2025

HB2757 essential drugs; price increases; limits

Prime sponsor ▾

Rep. Christopher Mathis (D)

Prohibits manufacturers and wholesale distributors from engaging in price gouging for essential off-patent or generic drugs. Authorizes the State Medical Assistance Program to notify the Attorney General of price increases exceeding 50% within one year. Requires manufacturers to provide cost breakdowns and justifications to the Attorney General upon request. Grants the Attorney General authority to seek court orders for compliance, consumer restitution and imposing civil penalties of up to \$10,000 per violation.

Final disposition ▾

Referred to House Health & Human Services
Referred to House Commerce
Referred to House Rules
First Reading
February 10, 2025

HB2734 perimenopause; menopause; education

Prime sponsor ▾

Rep. Nancy Gutierrez (D)

Requires the Arizona Department of Health Services (ADHS) to partner with healthcare providers, including obstetricians, gynecologists, community-based health centers and hospitals, to educate women on perimenopause and menopause. Requires ADHS to create and distribute informational materials in electronic and physical formats for women identified by healthcare providers as experiencing or approaching perimenopause and menopause.

Final disposition ▾

Referred to House Health & Human Services
Referred to House Appropriations
Referred to House Rules
First Reading
February 10, 2025

HB2761 health professionals; disclosure; unprofessional conduct

Prime sponsor ▾

Rep. Beverly Pingerelli (R)

It requires that any advertisement including a health professional's name must clearly state their exact license type and proper title as defined by law. If someone misuses a title or fails to disclose their licensure properly, it would be treated as unprofessional conduct and is enforceable by the relevant regulatory board.

Final disposition ▾

Referred to House Health & Human Services
Referred to House Rules
First Reading
February 10, 2025

HB2743 abortion reporting requirements; repeal

Prime sponsor ▾

Rep. Stephanie Stahl Hamilton (D)

Repeals statute requiring facilities where abortions are performed to report information about each abortion to the Arizona Department of Health Services.

Final disposition ▾

Referred to House Rules
First Reading
June 27, 2025



Senate Bills

HB2782 health insurance claims; consumer assistance.

Prime sponsor ▾

Rep. Stephanie Simacek (D)

Establishes a Health Care Claims Consumer Assistance Program within the Department of Insurance and Financial Institutions (DIFI) to help consumers navigate health insurance claims, disputes and appeals. Requires health insurers to notify policyholders of this program and mandates reporting on wrongful claim denials. Authorizes DIFI to impose penalties on insurers that wrongfully deny claims, with fines up to \$25,000 per violation. Requires DIFI to prepare and post on the DIFI public website an annual report on claim denials and enforcement actions.

Final disposition ▾

Referred to House Health & Human Services
Referred to House Commerce
Referred to House Rules
First Reading February 10, 2025

HB2784 electronic monitoring; healthcare facilities

Prime sponsor ▾

Rep. Quang H. Nguyen (R)

Grants residents of nursing care institutions and assisted living facilities the right to install electronic monitoring devices in their rooms at their own expense. Requires residents or their authorized representatives to notify the facility and obtain written consent from any roommate before installing a monitoring device. Prohibits facilities from interfering with electronic monitoring, retaliating against residents who choose to monitor or requiring approval beyond notification. Establishes confidentiality protections for recorded materials and allows their use in legal proceedings. Authorizes the Arizona Department of Health Services to assess civil penalties for violations.

Final disposition ▾

Removed from House Health & Human Services hearing - February 17, 2025
Removed from Agenda February 11, 2025

HB2821 ambulances; midwives; home births

Prime sponsor ▾

Rep. Stephanie Stahl Hamilton (D)

Allows certified nurse midwives, certified professional midwives and licensed midwives to accompany a patient in an ambulance during transport to a hospital following an out-of-hospital birth. Authorizes midwives to continue providing necessary medical care during transport.

Final disposition ▾

Referred to House Health & Human Services
Referred to House Rules
First Reading February 17, 2025

HB2926 AHCCCS; eligibility

Prime sponsor ▾

Rep. Michael Carbone (R)

Strike-Everything Amendment adopted by House Committee on Appropriations: Requires the Arizona Health Care Cost Containment System (AHCCCS) Administration to discontinue AHCCCS eligibility for a person whose household income is more than 100% but equal to or less than 133% of the federal poverty guidelines (Medicaid expansion population) if the federal medical assistance percentage for Arizona is less than 90%, increased from 80%. Requires the AHCCCS Administration to discontinue eligibility for the Medicaid expansion population if work requirements for able-bodied adults are not met, and if the AHCCCS Administration has not maintained a Medicaid improper payment rate of 5% or less. Requires the AHCCCS Administration to implement a lifetime benefit limit of 60 months for able-bodied adults, conduct biannual redeterminations of eligibility and limit hospital presumptive eligibility determinations to children and pregnant women, in order to continue coverage for the Medicaid expansion population. By 90 days after October 1, 2025, the AHCCCS Administration must seek federal waivers and approval to implement these changes. If all of these changes are not implemented by 90 days after April 1, 2026, the AHCCCS Administration is required to terminate eligibility for Medicaid expansion population by January 1, 2027.

Final disposition ▾

Placed on House Third Reading Calendar
Third Reading March 10, 2025

Senate Bills

SB1037 health boards; fund balances; fees

Prime sponsor ▾

Sen. John Kavanagh (R)

Limits health profession regulatory board fund balances to two years of operating expenses plus 5%. If the balance exceeds the limit, the board must reduce or eliminate licensing and/or application fees until the balance is within the allowable amount. Requires health profession regulatory boards and licensing authorities to review their fees and fund balances annually in a public meeting. SENATE ENGROSSED

Final disposition ▾

Placed on House Third Reading Calendar
Third Reading June 25, 2025

SB1054 assisted living; hyperbaric oxygen therapy

Prime sponsor ▾

Sen. Wendy Rogers (R)

Allows assisted living homes and centers to offer mild hyperbaric oxygen therapy to residents using FDA-registered Class II devices for home use. Requires a physician's order and trained staff to be present during therapy. Mandates informed consent and disclosure of FDA-approved uses and potential risks. Prohibits therapy for residents requiring directed care services unless ordered by their treating physician and consented to by the resident or their representative. SENATE ENGROSSED

Final disposition ▾

Referred to House Rules
Referred to House Health & Human Services
First Reading March 10, 2025

SB1075 audiologists; speech-language pathologists; compact

Prime sponsor ▾

Sen. Thomas "T.J." Shope (R)

Establishes the Audiology and Speech-Language Pathology Compact to facilitate the interstate practice of audiology and speech-language pathology. Authorizes the mutual recognition of member state licenses, allows for the use of telehealth and supports the mobility of active duty military personnel and their spouses. Establishes a commission to oversee the compact, including rulemaking and dispute resolution. Requires member states to maintain a coordinated database of licensure, disciplinary and investigative information. Effective January 1, 2026.

Final disposition ▾

Chapter 179
Signed by Governor
May 13, 2025

SB1076 newborn screening; Duchenne muscular dystrophy

Prime sponsor ▾

Sen. Thomas "T.J." Shope (R)

Adds Duchenne muscular dystrophy to Arizona's newborn screening panel. The change is effective on October 1, 2027, or two years after Duchenne muscular dystrophy is added to the recommended uniform screening panel by the U.S. Department of Health and Human Services, whichever comes first.

Final disposition ▾

Appropriations passed with amendment
(15 - 0 - 0 - 0 - 0 - 0)
Appropriations
March 12, 2025

SB1102 pharmacy benefits; prescribing; exemption

Prime sponsor ▾

Sen. Analise Ortiz (D)
Sen. Janae Shamp (R)

Prohibits pharmacy benefit managers from limiting or excluding coverage of a prescription drug for insured individuals if previously approved and the individual remains covered under the same plan. Requires continued coverage through the end of the health plan year unless a prescribing provider approves a change. Mandates 60-day advance notice for formulary changes and allows healthcare providers to request continued use of non-formulary drugs. Establishes a formal exception process for renewing coverage of previously approved drugs. Effective for contracts, policies and coverage agreements entered into, amended or renewed on or after December 31, 2025. SENATE ENGROSSED

Final disposition ▾

Chapter 5
Signed by Governor
March 25, 2025

**SB1108** international medical licensees; provisional licensure

Prime sponsor ▾

Authorizes the Arizona Medical Board and the Arizona Board of Osteopathic Examiners to grant provisional licenses to international medical licensees who meet specified criteria and accept employment in counties with populations under one million persons. Requires provisional licensees to work under supervision, comply with continuing education requirements and meet conditions for conversion to full licensure after four years. Directs the Boards to establish licensing fees, supervision requirements and monitoring procedures, and mandates submission of a report on the program by January 1, 2033. Prohibits acceptance of new applications after December 31, 2033. Effective January 1, 2026. HOUSE ENGROSSED

Final disposition ▾

House COW passed amended
Committee of the Whole April 22, 2025

SB1125 psychologists; prescribing authority

Prime sponsor ▾

Beginning on or before January 1, 2027, licensed psychologists may apply to the Board of Psychologist Examiners for a prescription license. Requirements for psychologists to obtain a prescription license are established, including education, training and malpractice insurance. All prescribing psychologists practicing with a prescription license are required to have a collaborative prescription agreement with a physician, and requirements for the agreements are specified. Limits prescribing to specific medications and patient groups, excludes certain populations, and mandates ongoing collaboration and reporting between psychologists and physicians. Establishes a process for complaints involving prescribing by a prescribing psychologist.

Final disposition ▾

Appropriations failed
(8 - 9 - 0 - 0 - 0 - 0)
Appropriations
March 31, 2025

SB1132 AHCCCS; continuous glucose monitors

Prime sponsor ▾

The Arizona Health Care Cost Containment System Administration must require contractors to provide continuous glucose monitors to members through both pharmacy and durable medical equipment benefits, and update the coverage criteria for continuous glucose monitors to align with current standards of care.

Final disposition ▾

Chapter 180
Signed by Governor
May 13, 2025

SB1200 mandated health coverage; JLBC; analysis

Prime sponsor ▾

Requires organizations, individuals or legislators proposing health coverage cost-sharing restrictions in insurance plans to submit a report assessing the social and financial impacts of the proposed changes. If no report is submitted, the Joint Legislative Budget Committee (JLBC) must analyze the financial impact on the state employee group health plan and make its findings publicly available. Legislative proposals cannot proceed to a rules hearing in their house of origin without the JLBC's completed analysis.

Final disposition ▾

Referred to House Rules
Referred to House
Regulatory Oversight
First Reading
March 10, 2025

SB1207 AHCCCS; speech therapy; cochlear implants

Prime sponsor ▾

Cochlear implants and outpatient speech therapy for eligible persons who are at least 21 years of age are no longer excluded from the list of covered health and medical services under the Arizona Health Care Cost Containment System. Monies from the Hospital Assessment Fund cannot be used to provide these services.

Final disposition ▾

Appropriations passed
(15 - 0 - 0 - 0 - 0)
Appropriations
March 26, 2025

SB1214 pharmacists; independent testing; treatment

Prime sponsor ▾

Allows pharmacists to independently order, perform and interpret certain FDA-authorized tests and initiate treatment for specified health conditions under a statewide protocol approved by the Arizona State Board of Pharmacy. Requires pharmacists to follow statewide protocols, notify a patient's primary care provider within 72 hours of initiating treatment and meet criteria for documentation, referrals and training. Prohibits pharmacists from independently initiating opioid treatments and requires parental consent for testing or treatment of minors. Requires the Board to establish an advisory committee to assist the Board in developing treatment protocols. SENATE ENGROSSED

Final disposition ▾

House COW passed
Committee of the Whole April 15, 2025

SB1219 behavioral health facilities; accreditation

Prime sponsor ▾

Requires behavioral health outpatient treatment centers that serve patients residing in sober living homes to collect and disclose the home's name, address or license number on patient intake forms and authorizes the Department of Health Services (DHS) to verify compliance. Requires DHS to publish a priority matrix for healthcare institution complaints on its website and disclose complaint levels to licensees before investigations. Requires DHS to implement an annual training program and testing process for licensing surveyors, supervisors and managers focused on statutes, complaint handling, professionalism and communication. HOUSE ENGROSSED

Final disposition ▾

Chapter 64
Signed by Governor
April 18, 2025

SB1257 impaired persons; court-ordered stabilization

Prime sponsor ▾

Establishes a framework for court-ordered stabilization for individuals identified as "impaired persons" due to intoxication, withdrawal or substance-induced symptoms. Allows evaluation agencies to detain such individuals for up to five days for stabilization purposes, based on a petition filed by a licensed medical professional. The court must review and approve the petition, appoint counsel for the individual and ensure treatment aligns with specified quality standards. Stabilization efforts include daily assessments and voluntary treatment opportunities, with seclusion or restraints permitted only in emergencies. The costs of the court proceedings and services provided will be charged to the Arizona Health Care Cost Containment System (AHCCCS) Administration or, if available, to another third-party payor and cannot be charged to the impaired person. SENATE ENGROSSED

Final disposition ▾

Health & Human Services
passed (8 - 3 - 0 - 0 - 0 - 0)
Health & Human Services
March 24, 2025

SB1264 appropriation; regional medical center; Yuma

Prime sponsor ▾

Strike-Everything Amendment adopted by Senate Committee on Appropriations:
Appropriates \$7 million from the state general fund in FY2025-26 to the University of Arizona to construct a regional medical center in the City of Yuma.

Final disposition ▾

Removed from House
Appropriations hearing -
March 31, 2025
Removed from Agenda
March 27, 2025

SB1268 hospitals; patient immigration status; reporting

Prime sponsor ▾

Requires hospitals accepting payment from the Arizona Health Care Cost Containment System to include a section on patient admission forms for individuals to indicate their citizenship or immigration status, followed by a statement on the form that their responses will not impact their care or be reported to immigration authorities. Hospitals are required to submit quarterly reports to the Arizona Department of Health Services (ADHS) detailing patient responses regarding immigration status and annually report aggregate data on uncompensated care costs for patients not lawfully present in the U.S., including the impact on hospital services and funding needs. ADHS may establish rules for data submission but may not require personal identifying information.

Final disposition ▾

Vetoed by Governor
May 12, 2025

**SB1291** health insurers; provider credentialing; claims

Prime sponsor ▾	Requires health insurers to complete the provider credentialing process within 60 calendar days and load the provider into the billing system within 30 calendar days of receiving a complete application. Requires insurers to acknowledge receipt of applications within seven calendar days and specify any missing information. Limits application processing delays to three requests for additional information before the application is deemed withdrawn. Requires insurers to pay providers for services rendered from the date of complete application submission until contract execution. Prohibits claim denials for late submission if filed within one year of service. Effective April 1, 2026. HOUSE ENGROSSED
Sen. Hildy Angius (R)	

Final disposition ▾
Chapter 97 Signed by Governor May 2, 2025

SB1302 reimbursement rate increases; appropriations

Prime sponsor ▾	Appropriates \$46 million annually from the state general fund and \$84.2 million annually in Medicaid expenditure authority in each of FY2025-26 through FY2029-30 to the Department of Economic Security to increase reimbursement rates for home and community-based services for individuals with intellectual and developmental disabilities. Appropriates \$4 million annually from the state general fund in each of FY2025-26 through FY2029-30 to increase reimbursement rates for room and board services for this population. Requires stakeholder engagement and annual reporting on rate adjustments, with a review of workforce data to assess improvements in employment stability and vacancy rates.
Sen. Mark Finchem (R)	

Final disposition ▾
Referred to House Appropriations Referred to House Rules First Reading March 19, 2025

SB1308 sober living homes

Prime sponsor ▾	Numerous changes to statutes relating to sober living homes. Modifies the definition of "sober living home." Requires the Arizona Department of Health Services (ADHS) to obtain documentation from the local jurisdiction verifying compliance with all local ordinances and rules before approving a sober living home license. ADHS or its third-party contractor is required to conduct a physical, on-site inspection of a sober living home to verify compliance before approving a license or license renewal, at least annually, and on a determination that there is reasonable cause to believe that a sober living home is not adhering to statutory or regulatory requirements. ADHS is required to complete an investigation of a sober living home within 30 calendar days after receiving a complaint alleging a violation. Modifies penalties for violations. ADHS is authorized to continue to pursue any court, administrative or enforcement action against a sober living home even if it is being sold or transferred or has closed. Effective six months after the effective date, sober living home licensees and all paid staff members are required to have a valid fingerprint clearance card.
Sen. Frank Carroll (R)	

Final disposition ▾
Chapter 66 Signed by Governor April 18, 2025

SB1316 child fatality; maternal mortality

Prime sponsor ▾	Establishes a Maternal Mortality Review Program within the Department of Health Services to evaluate and report on pregnancy-associated deaths, identify preventable causes and recommend changes to reduce maternal fatalities. The Program consists of a Maternal Mortality Review Committee and its staff. The Committee is required to submit a biennial report to the Governor and the Legislature by May 15 of each even-numbered year. SENATE ENGROSSED
Sen. J.D. Mesnard (R)	

Final disposition ▾
Chapter 98 Signed by Governor May 2, 2025

SB1344 newborn screening program

Prime sponsor ▾	The two-year deadline for newly added congenital disorders listed on the Recommended Uniform Screening Panel by the U.S. Department of Health and Human Services to be included in Arizona's newborn screening program does not apply if there is no commercially available test approved by the FDA and the laboratory-developed test method used requires FDA premarket review and approval. SENATE ENGROSSED
Sen. Thomas "T.J." Shope (R)	

Final disposition ▾
Chapter 68 Signed by Governor April 18, 2025

SB1345 nongovernmental organizations; financial reports

Prime sponsor ▾	Strike-Everything Amendment adopted by House Committee on Transportation & Infrastructure: Requires nongovernmental organizations in Arizona that receive state contracts to submit quarterly financial reports to the President of the Senate and the Speaker of the House of Representatives, including details on any funding originating from a "foreign adversary" (defined) and associated expenditures.
Sen. Thomas "T.J." Shope (R)	

Final disposition ▾
HOUSE ADOPTED AMENDMENT: Transportation & Infrastructure - Strike Everything Striker adopted March 27, 2025

SB1346 physical therapists; disability placards

Prime sponsor ▾	Authorizes physical therapists to certify a person's physical disability for the purpose of obtaining an international symbol of access special plate or a removable windshield placard.
Sen. Thomas "T.J." Shope (R)	

Final disposition ▾
Chapter 159 Signed by Governor May 12, 2025

SB1347 AHCCCS; comprehensive dental care

Prime sponsor ▾	Expands Arizona Health Care Cost Containment System (AHCCCS) coverage to include comprehensive dental care for adults, instead of only emergency dental care and extractions.
Sen. Thomas "T.J." Shope (R)	

Final disposition ▾
HOUSE PROPOSED AMENDMENT: Health & Human Services - Strike Everything Striker proposed March 20, 2025

SB1354 evaluation agencies; hearings; witnesses

Prime sponsor ▾	Modifies court-ordered treatment hearings by allowing testimony from two or more witnesses who observed or were acquainted with the patient before the evaluation request, regardless of professional licensure. Limits witness testimony to observed facts, excluding expert opinions or conclusions.
Sen. David Gowan (R)	

Final disposition ▾
Chapter 20 Signed by Governor March 31, 2025

**SB1377** authorized recipients; donated medicine; information

Prime sponsor ▾	Allows authorized recipients of donated medicine, the Department of Health Services, the Arizona Health Care Cost Containment System and health profession regulatory boards to post information on their public websites about donating medicine, eligible patients and accessing donated medicine. SENATE ENGROSSED	Final disposition ▾
Sen. J.D. Mesnard (R)		Chapter 139 Signed by Governor May 7, 2025

SB1395 requirements; international medical graduates

Prime sponsor ▾	Strike-Everything Amendment adopted by Senate Committee on Regulatory Affairs and Government Efficiency: Requires physician license applicants who graduated from an unapproved school of medicine to be enrolled in, rather than successfully complete, an additional approved 24 month hospital internship, residency or clinical fellowship program.	Final disposition ▾
Sen. Thomas "T.J." Shope (R)		Chapter 140 Signed by Governor May 7, 2025

SB1405 mental health transition program; extension

Prime sponsor ▾	Extends the repeal date of the Mental Health Transition Pilot Program five years to June 30, 2031 and renames it as the Mental Health Transition Program. SENATE ENGROSSED	Final disposition ▾
Sen. Shawna Bolick (R)		Chapter 229 Signed by Governor June 27, 2025

SB1440 epinephrine delivery systems

Prime sponsor ▾	Replaces references to "epinephrine auto-injectors" in state law with "epinephrine delivery systems" and broadens the types of devices that may be used for emergency administration of epinephrine. First responders who administer epinephrine delivery systems as prescribed are immune from professional liability and criminal prosecution. HOUSE ENGROSSED	Final disposition ▾
Sen. Carine Werner (R)		Chapter 104 Signed by Governor May 2, 2025

SB1442 appropriation; secure behavioral health facilities

Prime sponsor ▾	Appropriates \$25 million from the state general fund in FY2025-26 to the Arizona Health Care Cost Containment System (AHCCCS) for secure behavioral health residential facilities. Directs AHCCCS to issue a request for proposals by January 1, 2026, and prioritize facilities that can open within 12 months and meet geographic and operational criteria. Requires awarded entities to construct or retrofit secure facilities and evaluate clinical, functional and program-specific outcomes. SENATE ENGROSSED	Final disposition ▾
Sen. Carine Werner (R)		Referred to House Appropriations Referred to House Rules First Reading March 18, 2025

SB1443 parental rights; compensatory damages

Prime sponsor ▾	Specifies that parents have the right to make mental healthcare decisions for their minor child. When a parent prevails in a lawsuit against governmental entities or officials for violations of their parental rights and receive compensatory damages, the court is required to award at least \$2,500 per violation.	Final disposition ▾
Sen. Carine Werner (R)		Vetoed by Governor May 2, 2025

SB1446 appropriations; anesthesia; rotations

Prime sponsor ▾	Establishes a Student Registered Nurse Anesthetist Clinical Rotation Program in the Arizona State Board of Nursing for FY2025-26 to expand preceptor training capacity at licensed healthcare institutions. Directs the Board to develop a grant program to fund direct and indirect costs of creating or expanding clinical training placements, with priority given to rotations in obstetrics, pediatrics, cardiovascular, thoracic and neurological care. Limits indirect costs to 20% of the grant and requires unspent funds to be returned. Appropriates \$3 million from the state general fund in FY2025-26 to the Board for the Program. SENATE ENGROSSED	Final disposition ▾
Sen. Janae Shamp (R)		Appropriations passed (15 - 3 - 0 - 0 - 0 - 0) Appropriations March 31, 2025

SB1532 appropriation; behavioral health fee schedule

Prime sponsor ▾	Appropriates \$15 million from the state general fund in FY2025-26 to the Arizona Health Care Cost Containment System (AHCCCS) for a 5% increase to the outpatient behavioral health fee schedule. By November 15, 2025, the AHCCCS Administration is required to report to the Joint Legislative Budget Committee on the distribution of rate increases by contracted health plans.	Final disposition ▾
Sen. Hildy Angius (R)		Referred to House Rules Referred to House Appropriations First Reading March 18, 2025

SB1575 appropriation; Sage memorial hospital; dialysis

Prime sponsor ▾	Appropriates \$3 million from the state general fund in FY2025-26 to the Arizona Department of Health Services to distribute to Sage Memorial Hospital in Ganado to construct and operate a dialysis unit.	Final disposition ▾
Sen. Theresa Hatathlie (D)		Referred to House Appropriations Referred to House Rules First Reading March 18, 2025

SB1588 naturopathic physicians; board; investigations; scope

Prime sponsor ▾	Limits the scope of investigations conducted by the Naturopathic Physicians Medical Board to the initial complaint or information available at the time the investigation is initiated. Prohibits the Board from obtaining a naturopathic doctor's proprietary formula or trade secret. Requires the Board's executive director to develop a disciplinary matrix for consistency in Board actions. If a court finds the Board acted capriciously without merit in violation of law or policy, the licensee is entitled to restitution for all costs incurred relating to the matter.	Final disposition ▾
Sen. Janae Shamp (R)		Placed on House Third Reading Calendar Third Reading June 26, 2025

**SB1590** mental health; autism; insurance coverage

Prime sponsor ▾

Sen. Janae Shamp (R)

Removes dollar limits on insurance coverage for behavioral therapy for individuals with autism spectrum disorder. Expands the definition of autism spectrum disorder to align with the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders.

Final disposition ▾

Chapter 142
Signed by Governor
May 7, 2025

SB1604 licensed secure facility; incompetent defendants

Prime sponsor ▾

Sen. Hildy Angius (R)

Allows courts to commit dangerous and incompetent defendants to a licensed secure health facility if commitment to a secure state mental health facility is not feasible. Patients committed under court order for mental health treatment cannot be housed in the same secure behavioral health residential facility as those committed under criminal incompetency proceedings. SENATE ENGROSSED

Final disposition ▾

Chapter 113
Signed by Governor
May 2, 2025

SB1623 appropriations; graduate medical education program

Prime sponsor ▾

Sen. Carine Werner (R)

Appropriates \$10 million from the state general fund and \$18.8 million in expenditure authority in FY2025-26 to the Arizona Health Care Cost Containment System Administration for graduate medical education programs to address the state's physician shortage.

Final disposition ▾

Health & Human Services
passed (10 - 1 - 0 - 0 - 0)
Health & Human Services
March 24, 2025

SB1626 health insurance; surprise billing; disputes

Prime sponsor ▾

Sen. Carine Werner (R)

Health insurers are only required to provide notice of surprise out-of-network billing dispute rights for claims not subject to independent dispute resolution under the federal No Surprises Act.

Final disposition ▾

Chapter 114
Signed by Governor
May 2, 2025

SB1671 traditional healing services; AHCCCS

Prime sponsor ▾

Sen. Sally Ann Gonzales (D)

Requires Arizona Health Care Cost Containment System (AHCCCS) contractors to cover traditional healing services for eligible tribal members when provided by Indian Health Service or tribal facilities. Appropriates \$1.3 million from the state general fund and an unspecified amount (blank) from expenditure authority to the AHCCCS Administration in FY2025-26 for traditional healing services.

Final disposition ▾

Referred to House
Appropriations
Referred to House Rules
First Reading
March 19, 2025

SB1710 veterans; mental health; grant program

Prime sponsor ▾

Sen. David Gowan (R)

Establishes the Mental Health Services for Veterans Grant Program to support community mental health programs providing treatment to veterans with mental illness. Requires the Department of Veterans' Services (DVS) to administer the Program, set eligibility criteria and award grants on a competitive basis to private entities offering these services. Appropriates \$2 million from the state general fund in each of FY2025-26 and FY2026-27 to DVS for the Program. SENATE ENGROSSED

Final disposition ▾

Withdrawn from Federalism,
Military Affairs & Elections
- March 24, 2025

SB1711 AHCCCS; obesity treatment; study committee

Prime sponsor ▾

Sen. David Gowan (R)

Establishes the Obesity Treatment Study Committee to evaluate the cost, potential savings, effectiveness, health outcomes and value of expanding Arizona's Medicaid program to cover comprehensive obesity treatment. Requires the Committee to submit a report with findings and recommendations to the Governor and the Legislature by December 31, 2025. The Committee self-repeals October 1, 2026. HOUSE ENGROSSED

Final disposition ▾

Chapter 218
Signed by Governor
June 2, 2025

SB1727 medical schools; admissions; in-state students

Prime sponsor ▾

Sen. Carine Werner (R)

Requires medical schools at universities under the jurisdiction of the Arizona Board of Regents (ABOR) to post admissions information online and in promotional materials, including minimum qualifications, fees, deadlines and interview dates. Requires these medical schools to offer an interview to any in-state applicant who meets admission requirements and submits a timely application. Gives priority consideration in the first round of admissions interviews to qualified in-state applicants. Requires medical schools to report the number of in-state applicants, interviews and admissions to ABOR annually. Effective January 1, 2027. SENATE ENGROSSED

Final disposition ▾

Chapter 117
Signed by Governor
May 2, 2025

SB1734 developmental disabilities; appropriations; waivers.

Prime sponsor ▾

Sen. John Kavanagh (R)

Prohibits the Arizona Health Care Cost Containment System (AHCCCS) Administration from submitting a new Section 1115 waiver amendment or including new provisions in a waiver extension unless the Legislature has authorized the changes by statute if the waiver expands eligibility, adds new services or increases service utilization by more than 10%. Requires AHCCCS and the Department of Economic Security (DES) to implement a 40-hour weekly limit per child for the Parents as Paid Caregivers Program beginning July 1, 2025. Requires DES to implement an electronic visit verification system that delineates that a parent or nonparent provider is providing direct care services. Prohibits parents from billing for attendant care services while the child is at school or receiving care in a clinical setting. Requires state agencies, except universities, to report annually on the use of federal funds, including plans for service continuity if major reductions occur. Requires the Auditor General to conduct or contract for a special audit of the Parents as Paid Caregivers Program, including a review of the standardized assessment tool and a comparison to best practices in other states, and to submit a report with findings and recommendations to the Legislature by August 1, 2026. Appropriates the following amounts in FY2024-25 from the following funds to DES for developmental disabilities Medicaid program expenses and cost effectiveness studies: \$122.65 million from the Prescription Drug Rebate Fund and \$403 million from Developmental Disabilities Medicaid expenditure authority. Emergency clause. SENATE ENGROSSED

Final disposition ▾

Senate COW passed
amended
Additional Committee of
the Whole April 24, 2025

SCR1009 revenue increases; administrative fee authorization

Prime sponsor ▾

Sen. J.D. Mesnard (R)

Proposes an amendment to the Arizona Constitution to remove the exemption from the requirement for a two-thirds majority vote in the Legislature for fees and assessments that are authorized by statute but are not prescribed by formula, amount or limit, and are set by a state officer or agency. If passed by the Legislature, this legislation will be submitted to the voters at the 2026 general election.

Final disposition ▾

Ways & Means passed
(5 - 4 - 0 - 0 - 0)
Ways & Means
March 19, 2025

SB1044 secure behavioral health facilities

Prime sponsor ▾

Sen. Catherine Miranda (D)

Patients who are committed to secure behavioral health residential facilities due to a court determination that the patient is seriously mentally ill and chronically resistant to treatment cannot be treated in the same facility that treats patients who are committed as dangerous and incompetent defendants.

Final disposition ▾

Referred to Senate Rules
Referred to Senate Health
and Human Services
First Reading
January 14, 2025

**SB1045** secure behavioral health facilities; appropriations

Prime sponsor ▾

Appropriates \$25 million from the state general fund in FY2025-26 to the Arizona Health Care Cost Containment System (AHCCCS) for the support and construction of secure behavioral health residential facilities to provide court-ordered supportive treatment for individuals determined to be seriously mentally ill and resistant to treatment. Allocates \$10 million from the general fund and \$18.8 million from Medicaid expenditure authority for an ongoing provider rate increase for secure behavioral health services.

Sen. Catherine Miranda (D)

Final disposition ▾

Referred to Senate Health and Human Services
Referred to Senate Appropriations
Referred to Senate Rules
First Reading January 14, 2025

SB1046 mental illness; prisoners; diagnosis; treatment

Prime sponsor ▾

Requires county sheriffs to ensure that prisoners manifesting symptoms of mental disorders in county jails are evaluated by a licensed physician within 24 hours. If a mental disorder is confirmed and poses a danger, the sheriff must file a petition for evaluation and arrange for transportation to an evaluation agency. Upon jail admission, prisoners must be screened for prior mental illness diagnoses and treatments, with steps taken to ensure continuity of prescribed medications and treatments. Prisoners diagnosed with mental illnesses must be evaluated for a "seriously mentally ill" designation, and any relevant medical records must be shared with the appropriate authority. A treatment plan, including medication and placement recommendations, is required for prisoners diagnosed with mental disorders upon conviction. This plan must be approved by the court and accompany the prisoner upon transfer to the Department of Corrections, with the medical director ensuring ongoing treatment adjustments as needed during incarceration.

Sen. Catherine Miranda (D)

Final disposition ▾

Referred to Senate Public Safety
Referred to Senate Rules
First Reading January 14, 2025

SB1081 obstetrics; gynecology services; rural communities

Prime sponsor ▾

Requires the Department of Health Services (DHS) to convene stakeholders and DHS staff to develop recommendations to ensure the provision of obstetrics and gynecology services in low-volume, high-risk rural communities and to submit a report of these recommendations to the Governor and the Legislature by December 31, 2026. SENATE ENCLOSED

Sen. Janae Shamp (R)

Final disposition ▾

Health & Human Services held - March 17, 2025

SB1140 telehealth program; homeless; recovery services

Prime sponsor ▾

Requires the Department of Health Services (DHS) to establish the Homeless Recovery Telehealth Pilot Program through a public-private partnership with a telehealth provider, selected via a competitive bidding process for an initial five-year term. The Program will facilitate statewide telehealth services for mental health, addiction and primary care for homeless individuals, integrate these services into shelters and healthcare facilities, maintain a secure database for tracking patient outcomes and support data-driven decisions. Requires quarterly reporting on Program outcomes and an independent evaluation after five years to determine its effectiveness. Appropriates \$10 million from the state general fund in FY2025-26 to DHS for the Program. The Program self-repeals January 1, 2033.

Sen. Catherine Miranda (D)

Final disposition ▾

Referred to Senate Rules
Referred to Senate Health and Human Services
Referred to Senate Appropriations
First Reading January 22, 2025

SB1202 technical correction; health services; monitoring

Prime sponsor ▾

Sen. Theresa Hatathlie (D)

Makes technical changes only. Vehicle bill.

Final disposition ▾

Referred to Senate Rules
First Reading January 23, 2025

SB1276 children's health insurance program; eligibility

Prime sponsor ▾

Sen. Brian Fernandez (D)

Increases in the income threshold for eligibility in the Children's Health Insurance Program (KidsCare) to at or below 250% of the federal poverty level, from at or below 225% of the federal poverty level, effective beginning October 1, 2025.

Final disposition ▾

Referred to Senate Health and Human Services
Referred to Senate Appropriations
Referred to Senate Rules
First Reading January 27, 2025

SB1336 technical correction; AHCCCS; application process

Prime sponsor ▾

Sen. Janae Shamp (R)

Makes technical changes only. Vehicle bill.

Final disposition ▾

Scheduled for Senate Rules hearing - February 28, 2025

SB1384 patient information; gun safety

Prime sponsor ▾

Sen. Denise "Mitzi" Epstein (D)

Allows physicians, nurse practitioners and physician assistants providing pediatric services to inform parents or guardians about gun safety measures in the home. Requires the Department of Health Services to create and maintain a gun safety pamphlet on its website with information on proper firearm storage and associated risks to children.

Final disposition ▾

Referred to Senate Judiciary and Elections
Referred to Senate Rules
First Reading February 3, 2025

SB1397 health insurance claims; consumer assistance

Prime sponsor ▾

Sen. Eva Burch (D)

Establishes a Health Care Claims Consumer Assistance Program within the Department of Insurance and Financial Institutions (DIFI) to help consumers navigate health insurance claims, disputes and appeals. Requires health insurers to notify policyholders of this program and mandates reporting on wrongful claim denials. Authorizes DIFI to impose penalties on insurers that wrongfully deny claims, with fines up to \$25,000 per violation. Requires DIFI to prepare and post on the DIFI public website an annual report on claim denials and enforcement actions.

Final disposition ▾

Referred to Senate Finance
Referred to Senate Appropriations
Referred to Senate Rules
First Reading February 3, 2025

**SB1398** abortion; waiting period; authorized providers

Prime sponsor ▾

Sen. Eva Burch (D)

Eliminates the 24 hour waiting period after informed consent before an abortion may be performed. Nurse practitioners and physician assistants are authorized to perform abortions. Repeals statute prohibiting the use of telehealth for abortions.

Final disposition ▾

Referred to Senate Rules
Referred to Senate Judiciary and Elections
First Reading
February 3, 2025

SB1426 single payor health program

Prime sponsor ▾

Sen. Analise Ortiz (D)

Establishes the Arizona Health Program to provide comprehensive health coverage for all state residents through the Arizona Health Care Cost Containment System. Prohibits premiums or out-of-pocket costs for enrollees. Creates a Board of Trustees to oversee the program and develop coverage plans. Directs the Board to propose a revenue model, including payroll and income taxes, to fund the program. Requires legislative approval of the funding mechanism before implementation.

Final disposition ▾

Referred to Senate Finance
Referred to Senate Rules
First Reading
February 3, 2025

SB1400 drug paraphernalia; testing; analyzing; repeal

Prime sponsor ▾

Sen. Eva Burch (D)

Products and materials that are used to test and analyze drugs are removed from the definition of "drug paraphernalia" for the purpose of the criminal code.

Final disposition ▾

Referred to Senate Judiciary and Elections
Referred to Senate Rules
First Reading
February 3, 2025

SB1431 fertility treatment; access

Prime sponsor ▾

Sen. Priya Sundareshan (D)

Establishes a right to access fertility treatments, including preservation of reproductive genetic material, artificial insemination, in vitro fertilization and related procedures. Grants healthcare providers the right to perform or assist with fertility treatments within their scope of practice. Allows health insurers to cover fertility treatments. Directs the Arizona Department of Health Services and health profession regulatory boards to adopt rules necessary for implementation.

Final disposition ▾

Referred to Senate Judiciary and Elections
Referred to Senate Rules
First Reading
February 3, 2025

SB1402 essential drugs; price increases; limits.

Prime sponsor ▾

Sen. Eva Burch (D)

A manufacturer or wholesale distributor is prohibited from engaging in "price gouging" in the sale of an "essential off-patent or generic drug" (both defined). Establishes penalties for violations. The State Medical Assistance Program is allowed to notify the Attorney General of any increase in the price of an essential off-patent or generic drug if specified conditions apply.

Final disposition ▾

Referred to Senate Health and Human Services
Referred to Senate Rules
First Reading
February 3, 2025

SB1458 appropriation; regional medical center; Yuma

Prime sponsor ▾

Sen. Brian Fernandez (D)

Appropriates an unspecified amount (blank) from the state general fund in FY2025-26 to the University of Arizona to construct a regional medical center in Yuma.

Final disposition ▾

Scheduled for Senate Appropriations hearing -
February 5, 2025

SB1403 prescription drugs; price limits

Prime sponsor ▾

Sen. Eva Burch (D)

A person or entity that purchases a drug that is subject to a maximum fair price published by the U.S. Secretary of Health and Human Services is prohibited from paying a price higher than the maximum fair price. A person or entity that seeks reimbursement for a drug that is subject to a maximum fair price is prohibited from seeking reimbursement at a rate higher than the maximum fair price. Violations are an unlawful practice subject to enforcement by the Attorney General. A person who is aggrieved by a violation may bring a private action for consumer fraud.

Final disposition ▾

Referred to Senate Rules
Referred to Senate Health and Human Services
First Reading
February 3, 2025

SB1539 TPT; clean rooms; exemption

Prime sponsor ▾

Sen. Frank Carroll (R)

Strike-Everything Amendment adopted by Senate Committee on Finance: Exempts the sale of clean rooms and clean room equipment used for any manufacturing, processing, fabrication or research and development from the retail classification of transaction privilege and use taxes by removing the clean room exemption's limitation to only semiconductor products. Applies to tax periods beginning on or after the first day of the month following the general effective date.

Final disposition ▾

Senate Rules OK -
February 24, 2025

SB1404 end-of-life decisions; terminally ill individuals

Prime sponsor ▾

Sen. Eva Burch (D)

Adult Arizona residents with terminal illnesses who are deemed capable can request a prescription for medication to end their lives. The request requires two unrelated witnesses. The attending physician is required to ensure the person is making an informed decision and observe a waiting period. A consulting physician must confirm the diagnosis. Counseling is mandatory for suspected psychiatric issues. The individual can rescind the request and unused medication must be properly disposed of. Healthcare professionals and facilities are immune from liability and disciplinary action for practicing medical aid in dying in good faith in compliance with these requirements. Establishes penalties for violations.

Final disposition ▾

Referred to Senate Health and Human Services
Referred to Senate Rules
First Reading
February 3, 2025

SB1553 abortion; repeals

Prime sponsor ▾

Sen. Analise Ortiz (D)

Repeals multiple statutes related to abortion, including restrictions, reporting requirements and penalties. Removes prohibitions on performing or aiding an abortion and eliminates statute defining abortion-related offenses. Repeals the gestational limit on abortion. Repeals laws regulating abortion facilities, informed consent requirements and parental consent mandates. Strikes provisions restricting the use of public funds for abortion-related services and eliminates language prohibiting certain medical professionals from providing abortion care.

Final disposition ▾

Referred to Senate Judiciary and Elections
Referred to Senate Rules
First Reading
February 10, 2025

**SB1567** healthcare institutions; regulation

Prime sponsor ▾

A residential care institution that operates in Arizona without a license is guilty of a class 6 (lowest) felony, subject to a civil penalty of \$5,000 to \$10,000 for each violation, with each day of operation without a license as a separate violation. The Arizona Department of Health Services (ADHS) is required to deposit civil penalties for violating healthcare institution regulations as follows: 80% in the newly established Indigenous Peoples Protection Revolving Fund (IPPR Fund), 5% in the Health Services Licensing Fund and 15% in the Nursing Care Institution Resident Protection Revolving Fund. Monies in the IPPR Fund will be used as follows: 40% for programming in social work and behavioral health at tribal colleges, 20% to provide restitution payments for families of deceased victims of the behavioral health system and sober living homes and 40% for behavioral health treatment services and programs in tribal communities. Prohibits ADHS from acting on an application for licensure or renewal of a currently licensed behavioral health residential facility or sober living home while any enforcement or court action related to licensure is pending against the current licensee. ADHS is allowed to continue pursuing court, administrative or enforcement action against a licensee even if the facility is being sold or transferred to a new owner. ADHS cannot approve a change in ownership unless there has been a transfer of all legal and equitable interests, control and authority in the facility or home.

SB1569 mental health services; confidentiality; training

Prime sponsor ▾

Beginning October 1, 2026, behavioral health facility staff are required to complete annual training on confidentiality laws and guardianship responsibilities. Expands conditions under which healthcare providers may disclose patient information to include if the patient is suffering from temporary psychosis or is under the influence of drugs or alcohol. Requires healthcare providers to disclose a patient's relevant health information if the provider reasonably believes the patient's psychosis or intoxication poses an imminent threat to others.

SB1573 mental health; residential treatment

Prime sponsor ▾

Prohibits inpatient behavioral health facilities from discharging a client who has been determined to need placement in a residential treatment program until an appropriate program that accepts the client is available. Eliminates the maximum of two years for intensive support for a person in a full-day residential treatment program.

SB1589 chiropractic board; complaints; training; authority

Prime sponsor ▾

Makes various changes relating to the State Board of Chiropractic Examiners. Limits the scope of investigations conducted by the Board to the initial complaint or information available at the time the investigation is initiated. Prohibits the Board from subpoenaing financial records unrelated to a complaint. Requires the Board's executive director to develop a disciplinary matrix for consistency in Board actions. If a court finds the Board acted capriciously without merit in violation of law or policy, the licensee is entitled to restitution for all costs incurred relating to the matter. Repeals and replaces the list of actions that constitute unprofessional conduct for a doctor of chiropractic. Requires Board members and employees to complete a conflict-of-interest disclosure form and update it annually.

Final disposition ▾

Referred to Senate Health and Human Services
Referred to Senate Rules
First Reading
February 10, 2025

SB1606 interfacility transport; hospitals

Prime sponsor ▾

Exempts ambulance services owned or operated by a hospital's direct or indirect owner from certificate of necessity requirements for interfacility transports in counties with populations under one million. All Department of Health Services rules concerning interfacility transportation apply to these hospital-operated ambulance services.

Final disposition ▾

Referred to Senate Health and Human Services
Referred to Senate Rules
First Reading
February 10, 2025

SB1655 prenatal substance exposure; care plan

Prime sponsor ▾

A finding of prenatal substance exposure, withdrawal symptoms or fetal alcohol spectrum disorder cannot be the sole basis for allegations of abuse or neglect, investigations by the Department of Child Safety (DCS) or legal penalties against a pregnant woman or parent. Removes mandatory reporting requirements for prenatal substance exposure under certain conditions and shifts responsibilities for prenatal substance exposure to the Arizona Department of Health Services (ADHS) instead of DCS. Establishes the Substance Exposed Pregnancy and Newborn Advisory Council to oversee and recommend noncoercive, evidence-based care models. By July 1, 2026, ADHS is required to develop a Plan of Safe Care for newborns affected by prenatal substance exposure. Appropriates \$30 million from the state general fund in FY2025-26 to ADHS for substance exposed pregnancy and newborn pilot program grants.

Final disposition ▾

Referred to Senate Health and Human Services
Referred to Senate Appropriations
Referred to Senate Rules
First Reading
February 10, 2025

SB1668 health insurance; requirements; essential benefits

Prime sponsor ▾

Requires healthcare insurers offering individual, short-term or small employer group plans to cover essential health benefits, limit cost-sharing and provide preventive services without cost-sharing. Prohibits insurers from denying coverage or setting premiums based on preexisting conditions, health status, age or sex. Bans annual or lifetime limits on essential benefits and requires dependent coverage up to age 26.

Final disposition ▾

Referred to Senate Finance
Referred to Senate Rules
First Reading
February 10, 2025

SB1720 clozapine; access; treatment protocols

Prime sponsor ▾

Requires health insurers and the Arizona Health Care Cost Containment System (AHCCCS) to provide expanded coverage for clozapine treatment, including psychiatric examinations, weight management, specialty interventions, genetic testing and mobile phlebotomy services. Requires county jails and state prisons, including private prison providers, to ensure access to clozapine and related treatment protocols for incarcerated individuals.

Final disposition ▾

Discussion only in Health and Human Services -
February 19, 2025



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